



STRATEGIC PLAN

April 27, 2000

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This Strategic Plan is dedicated to all of the young children of Monterey County.



CONTENTS

I Acknowledgements	1
II Message from the Commission.....	3
III Executive Summary	5
IV Description of Monterey	9
V The Monterey County Commission.....	15
VI The Strategic Planning Process: Community Involvement.....	19
VII The Strategic Plan Components	25
VIII Information and Community Education Plan	47
IX Organization and Integration Plan	49
X Allocations and Financial Plan	53
XI Results Accountability Plan.....	61
XII Bibliography.....	65
XIII Appendix	71
Appendix A Unemployment Rates Table and Figures.....	73
Appendix B Monterey County Ordinance #4041.....	75
Appendix C Community Outreach and Planning Process.....	81
Appendix D Survey and Focus Group Data.....	83

Kindergarten Teacher Survey and Summary of Results
Regional Meeting Focus Group Results
Civic Engagement Project Telephone Survey

Appendix E Needs Statements Integration.....	103
Appendix F Promising Practices Overview.....	105
Appendix G Broad Strategies and Related Outcomes with Matrix.....	109

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Agencies and Organizations

Alisal Union School District	Kindergarten Teachers in Monterey County
American Lung Association	King City Child Development Center
of the Central Coast	Kinship Center
American Red Cross	KHDC – FM Radio
Apple Pie Preschool	KSBW - TV
Arimark	Local Investment in Child Care
Armanasco Public Relations	Mee Memorial Hospital
ASPIRA	Melissa Thoeny Designs
Avondale Child Development Center	MCHO-ACT Program
Bayview Children's Center	Migrant Education - MCOE
Captain Cooper School Students & Staff	Mission Park School
The Californian	Mobile Dental Center
Carmel Unified School District	Monterey County Department of Social Services
Carmello Teachers & 4-5 year old class	Monterey County Free Libraries
Casa de Cultura	Monterey County Head Start
Castroville Church	Monterey County Health Department
Central Bay High School	Monterey County Medial Society
Charitable Council of Monterey County	Monterey County Office of Education
Clinica de Salud	Monterey County Resource & Referral Agency
Coalition for Tobacco-free Monterey County	Monterey County Superintendents' Council
Comprehensive Health and Disability Program	Monterey Peninsula School District
Child Abuse Prevention Council	Monterey Peninsula College
Child Care Planning Council – MC	Monterey Rape Crisis Center
Children's Services International	Monterey Valley Family and Child Development Center
The Civic Engagement Project	North Monterey Unified School District
CMN Dental Center	Natividad Medical Center
Community Foundation of the	Oldemeyer Center – City of Seaside
Monterey Peninsula	Pacific Grove Unified School District
Community Human Services	Parents Place - Pacific Grove Adult School
CTB - McGraw Hill	Partners for Peace
The David & Lucile Packard Foundation	Planned Parenthood of Monterey County
Door to Hope	Salinas City Elementary School District
Early Intervention	Salinas Union High School District
Ecumenical Council – Salinas Valley	Salinas Valley Memorial Hospital
Esalen Institute – Gazebo School Park	San Ardo Union School District
Even Start	Santa Rita School District
The Faith Community	Second Chance
Family Service Agency	Soledad Unified School District
Global EdVentures	State of CA – Child Care Ombudsman
Gonzales Unified School District	Sun Street Centers
Greenfield Union School District	United Way of Monterey
GUSD Agency	University of California at Santa Cruz
Hartnell College	United Way of Salinas
Healthy Start Programs in Monterey County	Visiting Nurses Association
The Herald	WIC Nutrition Progra
Infant Development Program (MPSUD)	

II. MESSAGE FROM THE COMMISSION

What an exciting time to invest in our youngest community residents and to enhance the quality of life for all living in Monterey County! This is the promise of Proposition 10, legislation that has allows us to bring together quality thinking, reflecting, and learning into a shared vision from richly diverse perspectives and expertise. Our goal is that *all children are fully prepared to enter school in good health, ready and able to learn, and emotionally well developed*. This document is the beginning of our journey to see our collective vision evolve to reality. It is our commitment.

The Commission wishes to thank the hundreds of parents, family members, advocates, educators, foundations, and professionals from throughout the community and California who contributed to this initial process. This Plan marks the beginning of a dynamic course of action that will continually focus our efforts to achieve the goals for our children and our future.

The Commission welcomes the communities' continued involvement as we systematically move toward our shared vision. We are all collectively responsible for the achievements of the community in which we live. We are all responsible for challenging our thinking and participating as we can in this important venture. Through our joint efforts, we will keep our commitments to our children.

Marie A. Glavin
Chairperson
Monterey County Children and Families Commission

April 27, 2000



III. STRATEGIC PLAN EXECUTIVE SUMMARY

THE COUNTY

Monterey County is part of the Central Coast region of California and is located approximately 125 miles south of San Francisco. It is considered a mid-sized county with a total population of nearly 400,000. It is a racially, economically, and ethnically diverse county, with some of the highest and lowest wealth statistics in the state. The percentage of non-Latino Caucasian among the population has declined steadily in recent years, and this group currently accounts for less than half of the total. The Latino population, however, has increased steadily during that same time period, and now accounts for over 40% of the total. The county's predominant language groups are English, Spanish, Tagalog, Vietnamese, and Hmong. Of the approximately 40,000 youngsters age five and younger, nearly 60% are from Latino families, and the percentage is slightly higher among the nearly 7,000 infants born each year.

THE COMMISSION

The Monterey County Children and Families Commission is comprised of seven members representing the service areas of county government, public and behavioral health, social services, public education, child care, parent education, preschool, and early learning. Its *purpose* is to create and manage a comprehensive system of information, programs, services, and administrative support for enhancing the early childhood development of children and their families. The objective of this system is to prepare children to enter school in good health, ready and able to learn, and emotionally well developed.

The Commission is guided by the *principles* of integrity, honesty and mutual respect toward others, and supports inclusiveness and collaboration in the planning and management of its comprehensive early childhood system. Furthermore, it is the intent of the Commission to sponsor programs and services which are innovative, grounded in current scientific research, financed through multiple sources, and measurably effective.

THE PLANNING PROCESS

The Commission conducted a systematic, countywide assessment of the developmental needs of young children and their families. These assessments were accomplished through a data collection process that featured a Community Outreach plan for hearing all segments of the community. The Community Outreach plan included the use of community-based planning teams, countywide and regional workshops, a survey of the county's kindergarten teachers, focus groups and input sessions, a randomized telephone opinion survey, and specialized discussion sessions among underrepresented interest groups. Other information collected included an analysis of the conditions and status of children in Monterey County ages 0-5, a compilation of existing programs and services available to young children and their families, and reviews of current scientific literature and "best practices" in the field of early childhood development.

The Commission organized and conducted its needs assessment through community-based, results-oriented Planning Teams in each of the following early childhood development focus areas:

- Behavioral Risk Reduction and Prevention
- Child Care
- Family Support
- Parental and Child Health Care
- School Readiness

The Commission empowered these Planning Teams to identify the most important areas of assistance needed for the county's youngest children and their families within their respective focus area. Needs were to be determined based on the scientific evidence, professional experience, and survey information collected during the needs assessment process. The Planning Teams presented the Commission with eighteen broad areas of Needs plus samples of possible activities and strategies that could be utilized in addressing those Needs. The Teams' recommendations became the basis for the Strategic Plan Outcomes enumerated in the Plan.

STRATEGIC PLAN COMPONENTS

The *Purpose* of the Strategic Plan is to present the highest priority developmental needs of the county's youngest children and their families, as determined through an extensive community planning process. Further, the Plan identifies activities and resources to address those needs in order to optimize the developmental outcomes our youngest children.

Ultimately, the overall *Results to be Achieved* through the Strategic Plan are to have children entering kindergarten *in good health, ready and able to learn, and emotionally well developed*. This section provides working definitions of the three Results areas plus sample or possible Indicators that would be used to measure attainment of those desired Results.

Eleven statements of general *Need* resulted from combining and integrating elements of the Planning Team's recommendations. Eleven Goals or *Outcomes*, in four broad functional areas, were developed to correspond to those Needs statements:

Children's Learning and Developmental Skills

1. Increase in the number of Monterey County children entering kindergarten with age-appropriate skills and levels of development. In particular, this includes the areas of: (1) cognitive, pre-academic, and language skills; (2) social, emotional, and behavioral skills and development, including self-esteem, attention span, and personal hygiene skills; (3) small motor skills.
2. Increase in the number of children who have stimulating, safe, secure, and developmentally appropriate learning environments in the home or other learning settings, created to meet each child's physical, social, cognitive, and emotional needs.

■ Children's Health

3. Increase in the number of Monterey County children who receive adequate prevention, identification, or treatment of congenital disabilities so that they can realize their full potential.
4. Decrease in the number of Monterey County children who experience preventable childhood diseases, chronic health conditions, and injuries.
5. Decrease in the number of Monterey County children who are harmed by living in environments in which the adults abuse alcohol, tobacco, and other drugs, including usage during their mothers' pregnancies.

■ Children's Families

6. Increase in the number of children developing healthy emotional relationships resulting from a nurturing family environment that fosters reciprocal connectedness between family members.
7. Increase in the number of Monterey County children who receive effective parenting and adequate services as a result of their parents and caregivers having increased knowledge of parenting skills and available resources.
8. Reduction in the number of Monterey County children who suffer the consequences of domestic violence, child abuse and neglect, and community violence.

■ A Community Supportive of Young Children

9. Increase in the number of Monterey County children in caregiving settings who have positive social and emotional development because of nurturing and stable relationships with caregivers.
10. Increase in the number of Monterey County children whose basic needs are met as a result of their parents having improved employment, transportation, and housing.
11. Increase in the number of Monterey County children who receive needed care and services because those services are more available or easily accessible.

Possible Strategies and Activities that were developed by the Planning Teams are listed for each Outcome. In addition, Appendixes contain samples of Best/Promising Practices and suggestions for using broad strategies to address more than one desired Outcome.

INFORMATION AND COMMUNITY EDUCATION PLAN

It is the Commission's intent to manage and provide a vast array of information and knowledge-based support to children, parents, community members, service providers, practitioners, the media, and research professionals. The Information and Community encourage use of healthy and nurturing developmental practices through a plan of community education, and promote the

collection and application of early childhood information utilizing sound research methodologies.

ORGANIZATION AND INTEGRATION PLAN

The Commission has developed a set of Bylaws to govern its activities and is a public agency separate from the County organization. A staffing and administrative plan to oversee and monitor implementation of the Strategic Plan is presented in the section.

Integration of early childhood information and services is both an immediate objective and a long-term goal. Short-term activities will center on the Strategic Plan's call to address children's unmet needs through new services and coordination of existing services. Those alliances and collaborations that helped create the Strategic Plan will be continued and strengthened. The Commission's long term goal is to develop an integrated, comprehensive, and easily accessible *system* of programs and services. This system will need to be constructed on a foundation of clear communications, trust, and effective relationships. Building the system will require time, talent, goodwill, innovation, and personal energy. The ultimate vision of this system is that of a multi-level, cross-disciplinary and interagency network of programs and services that is supported by a comprehensive system of early childhood knowledge, information, and public communications.

ALLOCATIONS AND FINANCIAL PLAN

The Commission has prepared a \$ 16 million budget for the 2000-01 fiscal year that is based on two major components: one component represents income and expenditures associated with annual *operating* revenues and costs. The Operating Budget of approximately \$ 7 million will be used to fund ongoing, multi-year grants for Plan programs and services, administration, the Information/Community Education program, and a contingency reserve. The second major component of the budget (\$ 9 million) is based on revenues collected prior to adoption of the Strategic Plan. This section of the budget allocates funds to special reserves for investment enhancement, research, technical assistance, infrastructure and start-up costs, and other one-time or unique expenditures in support of Strategic Plan activities.

Allocations of funds will occur through the identified grant-making process. Procedural and program design criteria are identified, and a tentative timeline for awarding grants by the end of August, 2000 are presented in section X.

RESULTS ACCOUNTABILITY PLAN

The Commission is committed to monitoring the effectiveness of this Plan and, in particular, objectively measuring changes in the conditions and skills of young children as they enter kindergarten. Its Accountability Plan addresses outcomes on three levels: (1) the integrity and consistency of the Commission itself; (2) the results of sponsored programs and services; and (3) the overall effectiveness of the Plan. Criteria for evaluating each of these phases are identified in the section IX, and results of these evaluations will be reported annually in the Audit Report.

IV. DESCRIPTION OF MONTEREY COUNTY

Monterey County is part of the Central Coast region of California. The county is located approximately 125 miles south of San Francisco and 300 miles north of Los Angeles. Its area comprises 3,322 square miles and it has an estimated population of 391,000 people.

THE ECONOMY

Traditionally, Monterey County's economy has been based on three components: agriculture, tourism, and the military. In recent years the influence of the military on the region's economy has declined. Fort Ord, a major military training facility, has been de-commissioned and the former base is undergoing conversion to civilian use. The California State University system has acquired a major portion of Fort Ord and established the California State University at Monterey Bay (or CSUMB) on the site. Other economic improvements due to changes in the use of the former military installation are being felt locally now, and continued improvements are expected for many years to come.

Tourism has played a vital role in the local economy, especially on the Monterey Peninsula, but also extending to the Salinas area with the recent opening of the John Steinbeck Center and its associated Museum of Agriculture. For example, of the \$33+ million in Transient Occupancy Tax (TOT) collected for 1998, nearly 50% of the County's total was collected in the cities of Monterey and Carmel. The unincorporated areas of Monterey County collected one third of this tax, and the cities of Pacific Grove, Seaside, and Salinas each collected more than one million dollars. Development of the Monterey Bay Aquarium and marine research facilities along the coastline provides direct employment and increases tourism in the area. Tourism-related employment in the county was estimated at nearly 18,000 jobs in 1998.

Tourism and agriculture play vital roles in the local economy.

Agriculture dominates the economy of the region, particularly in the Salinas Valley along the Highway 101 corridor and in the northern sections of the county. According to the Monterey County Agricultural Commissioner, agriculture contributed more than \$2 billion to the county's economy in 1997. The county ranks third in the state for crop production, and agriculture provides employment for more than 30,000 workers.

Unemployment and under-employment are a major concern in the county's economy. Jobs in agriculture and tourism are seasonal and often pay wages at the lower end of the scale. Unemployment rates range as high as 17% during the winter months, but are commensurately lower during the spring and summer months. In addition, dislocations in the food processing industry have caused additional economic hardships, especially among unskilled workers. Jobs

that require more sophisticated skills are out of reach for many parents who have limited training or education, and who may have limited language proficiency in English.

THE COUNTY'S REGION'S AND COMMUNITIES

Monterey County has 12 incorporated cities and numerous unincorporated communities (see map). These communities are often described in terms of four regions: Salinas, the Monterey Peninsula, South County, and North County.

The city of Salinas serves as the seat of county government. Salinas is the largest city in the county with a population of 131,000 and serves as the regional trade center. There is a large concentration of low-income families in East Salinas. According to the *Head Start Community Assessment Study*, half of the families in Salinas live below the poverty level and more than half of those families are women raising their children alone.

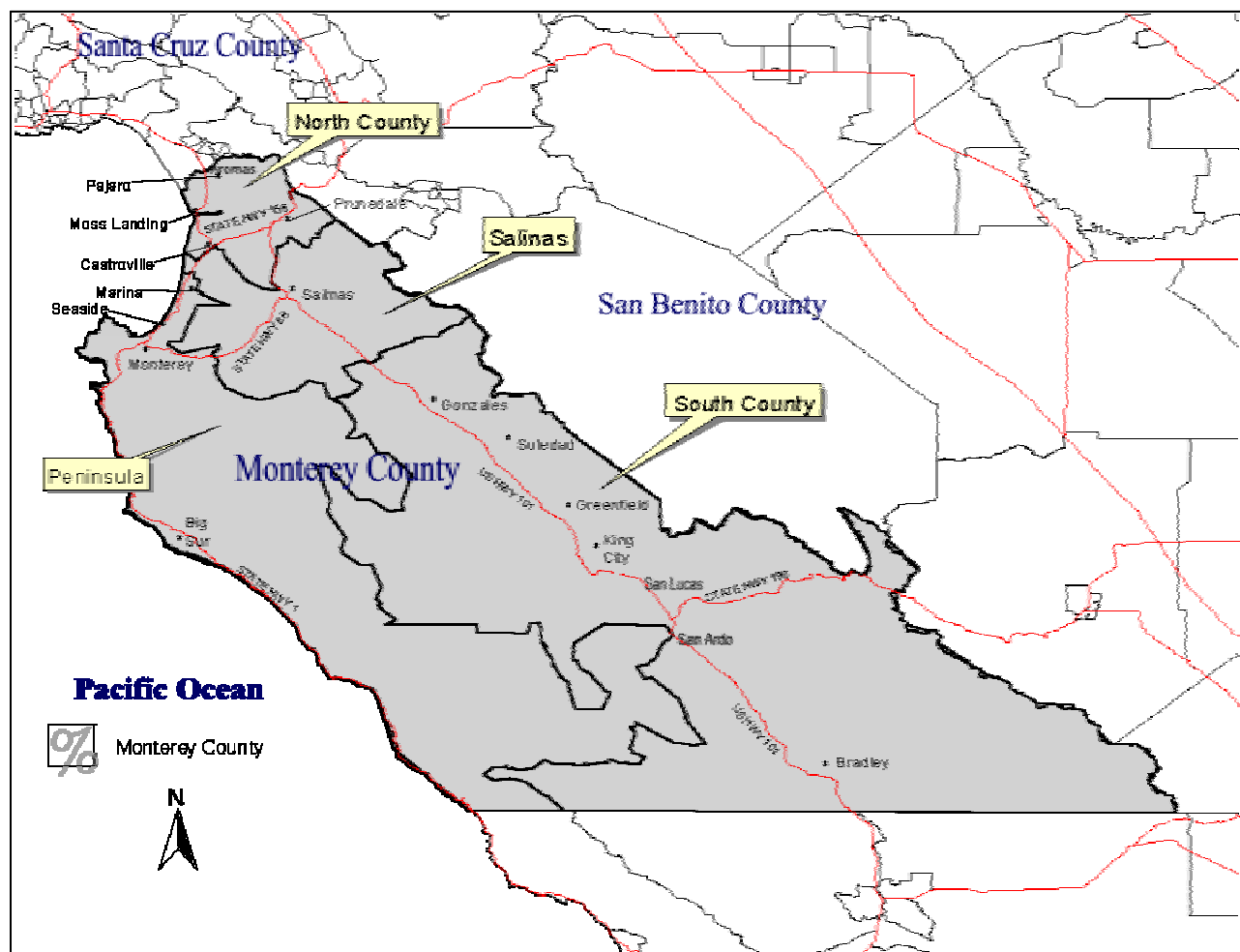
The Monterey Peninsula includes the second largest city in the county (Monterey) as well as the communities of Carmel and Carmel Valley, Del Ray Oaks, Marina, Pacific Grove, Pebble Beach, Sand City, and Seaside. Generally speaking, this is a very affluent part of Monterey County. Monterey, for example, has a per capita income 31% higher than the county average. Seaside and Marina, however, are more modest communities. The transition from economies dominated by the influence of the military to economies influenced by the university and increased opportunities to expand tourism is currently taking place in these communities.

Geographically speaking, the majority of Monterey County is rural and agricultural. Located in the Salinas Valley and situated along U.S. Highway 101 south of Salinas, the *South County* region extends about ninety miles from just south of Salinas to the San Luis Obispo County line, and is comprised of a mixture of vineyards, farms and cattle ranches. The cities of Gonzales, Soledad, Greenfield, and King City are the largest communities in the region. The majority of residents in these towns are Latino. Most are employed as agricultural workers who experience seasonal employment and relatively low incomes. Many of them do not establish permanent residency. While King City is the largest of the region's cities (approximately 10,000 residents), most of the South County cities have experienced modest population growth over the last ten years. As the home to a new, and second, major state prison, Soledad has seen the most rapid increase in its population (more than 50%) over the past five years.

**The majority of Monterey County
is rural and agricultural.**

There are several small communities comprising the largely agricultural *North County* region of Monterey County. The unincorporated communities of Prunedale (approximately 7,000 residents) and Castroville are the largest of the North County communities. Pajaro is a small, low wealth agricultural town located near the border shared by Monterey and Santa Cruz counties. This region also includes part of the farming community of Aromas and the port of Moss Landing. Like those in the South County communities, many North County residents feel isolated from county services that are primarily located in the Salinas or Peninsula areas. Unemployment can exceed 30% in some North County communities like Pajaro and Castroville.

While each region is unique, the individual communities within those regions are very different. Generally speaking, the regions are geographical designations, and the communities within a region should not be considered to be a homogeneous grouping of political, economic, or cultural interests. Regional data often mask the tremendous differences between the communities within a region. Planners have learned to collect extensive local information in the process of designing services for the county's various communities and their residents. Residents from communities in the outlying regions of the county express concern about availability of services.



THE COUNTY'S POPULATION

Monterey County has experienced rapid growth in recent years. Its population increased by 22% between 1980 and 1990. Nearly 30,000 residents were added between 1995 and 1999. The city of Soledad experienced the largest rate of growth (51%) over the four-year period. Salinas and other communities along the Highway 101 corridor are under increasing pressure to expand as families finding high paying jobs in Santa Clara County (Silicon Valley) find it more affordable to live in Salinas and neighboring communities.

■ Racial and Cultural Factors

Monterey County has a racially and culturally diverse population. Although whites comprise the largest racial group, the county's percentage of white families has steadily declined over the last few decades. During that same time period, the county's Latino population increased at more than twice the overall rate of growth; it now represents over 40% of the total population. Currently, families from other racial backgrounds, taken together, constitute the majority of the county's residents (see the subsequent Table One and Figures One and Two). Nearly half of all new residents to the county are also immigrants to the United States. Social isolation, economic disadvantages, cultural changes, and educational and language barriers are known difficulties for many of these families. English and Spanish are the primary languages found in Monterey County, although significant numbers of residents also communicate in Vietnamese and Tagalog.

In 1997 there were more than 42,000 young children (ages 0-5) living in Monterey County. Nearly two thirds of these children (26,463) were from Latino families. As a group, Latinos comprise approximately 40% of the total population, but they represent about 67% of its youngest children.

Although class size and per-pupil expenditures for public education in the county are within the statewide average range, the percent of children graduating from high school prepared for college are among the lowest in the state. Nearly one-third of the county's school-aged children tested as Limited English Proficiency (LEP) in 1997. The numbers were proportionately higher for students enrolled in east Salinas and in North and South County schools. The county ranked third highest in the state in the percent of school children identified as lacking proficiency in English.

■ Socio-Economic Indicators

Income levels of Monterey County residents are among both the highest and lowest in the state. Property values and per capita income rates of several communities on the Peninsula are ranked within the highest in California. Conversely, incomes of agricultural workers throughout the county, on average, are much lower than those of workers in non-agricultural occupations. Average family income among those in the Latino community, who work predominantly in agriculture and the hospitality industries, is significantly lower than the average family income for the county as a whole. In 1995, estimates were that more than a

quarter (26.4%) of the young children in the county (ages 0-4) were living in poverty. Community level data on income, employment, and other socio-economic information is summarized in the following section. More extensive data are included in Appendix A.

Total population	391,195
Number of people employed countywide	153,400
Livable wage (1 adult; 2 children) hourly rate	\$ 12.98
<i>Preschool teacher's</i> median hourly wage	\$ 9.40
<i>Farm worker's</i> median hourly wage	\$ 5.75
Unemployment rate (<i>Monterey</i>)	3.9%
Unemployment rate (<i>Salinas</i>)	14.0%
Rent on a 2 bedroom apartment/month [<i>fair market</i>]	\$ 733
Cost of child care/month (<i>pre-school</i>)	\$ 433
Number of Children ages 0-17	117,106
Number of Children ages 0-5	42,464
Children ages 0-4 living in poverty	9,646
Number of children eligible for subsidized school meals (<i>family income < 185 % poverty level</i>)	36,235
Children 0-4 enrolled in WIC program	13,752
Children with limited English Proficiency (<i>average number for 1996-98 school years</i>)	22,608
Average number of graduates completing UC/CSU requirements	841
Total number of births (1997)	6,720
Babies born (1997) to mothers with less than 12 years education:	
All	3,054
Latino	2,844
Teen-age pregnancy rate (percent of all females ages 15-19)	7.73

ETHNIC DATA

Table 1: Ethnic Composition

Category	Population	Children 0-5
White	156,446	12,513
Latino	151,512	26,463
Black	19,372	1,158
Asian/Pacific Is.	29,788	2,226
Native American	1,595	104

Figure 1: Ethnicity of Population

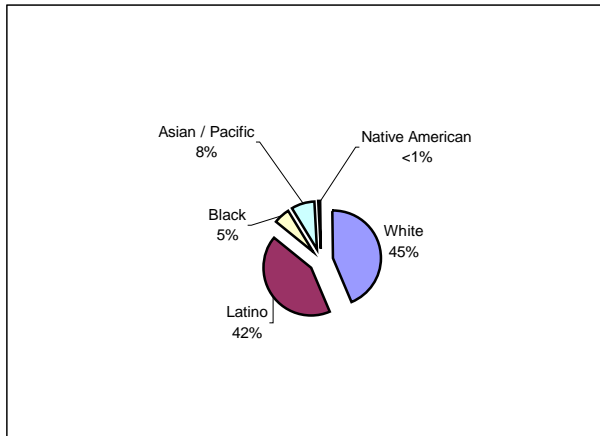
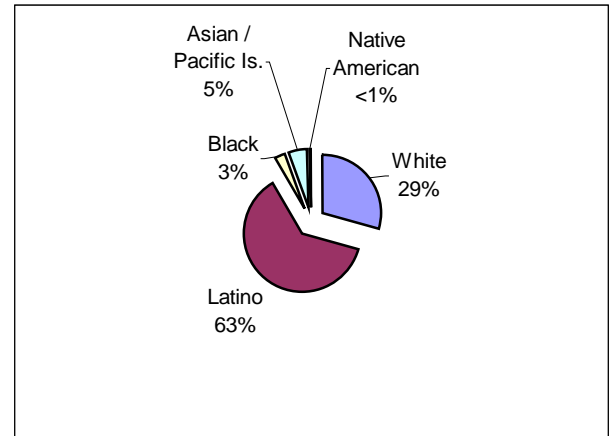


Figure 2: Ethnicity of Children



PROGRAMS AND SERVICES

Monterey County is rich in programs and services that support children and families in need. An extensive variety of public, private, and nonprofit organizations provide direct services to families and children from pre-natal through young adulthood, and many focus their efforts on the youngest populations. A large number of these programs are the result of community collaborations and cooperative ventures among public and private agencies. Recently, an Information and Referral Collaborative (I & R Collaborative) was formed to coordinate the collection, compilation, and publication of data describing the service resources within the county. The current data base is comprised of complete descriptions of the programs and services offered by nearly 400 public and private agencies, councils, commissions, foundations, and collaboratives operating in Monterey County. Members of the collaborative include the County Departments of Health, Social Services, and Free Libraries, the California State University-

Monterey Bay, Shelter Plus, Children's Council, Monterey County Office of Education, Community Action Agency, and the Area Agency on Aging.

V. THE MONTEREY COUNTY COMMISSION

INTRODUCTION

The Monterey County Children and Families Commission was established on December 8, 1998 with the adoption of Monterey County Ordinance number 4003 by the Monterey County Board of Supervisors. This ordinance was revised and adopted as Ordinance 4041 on October 26, 1999 (see Appendix B). The Commission is comprised of seven members appointed by the Board of Supervisors, as follows:

■ <i>Chairperson:</i>	Marie A Glavin	<i>Director, Monterey County Department of Social Services</i>
■ <i>Vice Chair:</i>	Patricia Skelton, Ed.D.	<i>Baldwin School/Healthy Start Coordinator, Salinas City Elementary School District</i>
■ <i>Members:</i>	Carmen Domingo	<i>Assistant Director, Monterey County Department of Social Services</i>
	Robert Egnew	<i>Acting Director, Monterey County Health Department</i>
	Robert Melton, M.D.	<i>Monterey County Health Officer</i>
	Simon Salinas	<i>County Supervisor, First Supervisorial District</i>
	Carole Singley	<i>Parent Education Coordinator, Salinas Adult School, Salinas Union High School District</i>

ADVISORY COUNCILS

The Monterey County Children's Council is the official advisory council to the Commission. The purpose of the Council is to coordinate and review programs and services for children in Monterey County. Members include representatives from all of the major county departments, public education, the business community, philanthropic foundations, and public and private service providers, councils and agencies. In addition, the Commission will be establishing another formal advisory council, the Parents' Advisory Council, to provide a forum for parents to share concerns and ideas for improving early childhood outcomes. A second purpose for this Council will be to act as a means for the parent advisory groups of sponsored programs and services to channel and represent their concerns to the Commission. Other standing committees and councils have served in an unofficial capacity to the Commission, including the Child Abuse Prevention Council, Coalition for a Tobacco Free Monterey County, and many others. These

councils and committees, and their advisory relationship to the Commission, are depicted in the document entitled “Community Outreach and Planning Process” located in Appendix C.

THE COMMISSION’S PURPOSE, VALUES, AND GUIDING PRINCIPLES

■ Purpose

The Monterey County Children and Families Commission exists in order to create and manage a comprehensive system of information, programs, services, and administrative support for enhancing the early childhood development of children and their families. The objective of this system is to prepare children to enter school in good health, ready and able to learn, and emotionally well developed.

■ Values

The Monterey County Children and Families Commission believes in the critical importance of children’s earliest developmental experiences in determining the quality of their later lives. We believe that young children and their families should have ready access to the support services needed to promote their healthy development and to prepare them for a successful school experience. We further believe that children and their families are the focus of services provided by the Commission, and that these services should effectively enhance early childhood development. And, lastly, we believe in supporting activities and services that will produce enduring positive results for these youngsters and their families. In order to bring life to these beliefs, we will provide a comprehensive, easily accessible and coordinated system of services which embodies our values and which is fashioned by our guiding principles.

■ Guiding Principles

The Commission is guided by the principles of integrity, honesty and mutual respect toward others, and supports inclusiveness and collaboration in the planning and management of its comprehensive early childhood system. Further, it is the intent of the Commission to sponsor programs and services which are innovative, grounded in current scientific research, financed through multiple sources, and measurably effective.

Integrity, Honesty and Mutual Respect

The Commission firmly upholds the values and principles expressed in this document. Our members and staff will treat others with honesty and respect, and we will consistently demonstrate these values and principles in our actions.

Inclusiveness and Collaboration

The Commission will draw from Monterey County’s array of early childhood development practitioners and tobacco education specialists in creating and managing its comprehensive system, and it will conscientiously utilize the suggestions and information provided by these individuals and agencies. Further, we encourage collaboration in all of

our activities, including cooperation between agencies, use of cross-disciplinary specialists in the design and implementation of programs and services, responsiveness in communications between the Commission and other agencies and councils, and working toward consensus in the Commission's deliberations.

Innovation

The Children and Families Act of 1998 encourages the design of programs and services that address the unique needs of each county. In keeping with this opportunity, the Commission supports programs and services which creatively and thoughtfully address the specific areas of need determined through its strategic planning process. Innovative programs demonstrate new approaches in delivering services, incorporate research findings from current scientific literature, and promote sustained positive changes in the delivery of services to target populations.

Integrity, Honesty, and Mutual Respect

The Commission firmly upholds the values and principles expressed in this document. Our members and staff will treat others with honesty and respect, and we will consistently demonstrate these values and principles in our actions.

Measurable Effectiveness

It is expected that sponsored providers will be effective in delivering services to their client populations. In that regard, the Commission supports program designs that identify sustainable positive outcomes and which utilize objective and measurable indicators of the programs' quality of effort. To the extent practical, the Commission will assist potential service providers in their program design and evaluation processes. The Commission will evaluate the effectiveness of its sponsored programs and services through results-based measures, and it will continue to sponsor and support those which show objective improvements in their respective early childhood populations.

Multiple Funding Sources

In an effort to maximize the impact of its financial resources, and in keeping with its goal to promote lasting changes, the Commission supports the use of a combination of funding sources for its sponsored programs and services. Other funding sources may include state and federal granting authorities, private foundations, and local businesses or governmental agencies. To the extent practical, the Commission will assist potential system providers in preparing proposals and complying with the requirements of these additional funding sources.

Use of Scientific Research

The Commission will endeavor to sponsor system programs and services that utilize appropriate scientific findings as a foundation for their program designs. Quality medical, health and social scientific research is currently available in the areas of early

childhood development, early brain development, and children's social and emotional development. To the extent practical, the Commission will assist potential system providers in the application of this information to their program design processes.

VI. THE STRATEGIC PLANNING PROCESS: COMMUNITY INVOLVEMENT

PLANNING PRINCIPLES

■ Focus on the Child

Consistent with its Statement of Purpose (see section V), the Commission's planning process begins and ends with an analysis of the *conditions of children at entry to kindergarten*. While information on the prevalence of programs and services is important for programmatic decision making, the overall intent of the planning process was to determine what was or was not happening in the lives of young children as they entered kindergarten. This information, in turn, would guide the Commission and planners in determining and prioritizing efforts to improve early childhood outcomes for those children.

■ Involvement of Community

In keeping with its Guiding Principle of Inclusiveness and Collaboration, the Commission sponsored a community-wide planning process to develop its Strategic Plan. Community members that have been included in the process are parents and other family members, early childhood and family intervention professionals, local community leaders, and participants from underrepresented groups, public and private agencies, councils, other coordinating bodies, and the media.

■ Use of Evidence

Consistent with its Guiding Principles of Integrity, Scientific Research, and Measurable Effectiveness, the Commission utilized factual and objective information to validate or provide the rationale for the conclusions drawn from this planning process. The most important needs of the county's youngest children have been determined through a reasonable, rational, and evidence-based process. Data and information sources include current and landmark early childhood development research, local and statewide data on the conditions of 0-5 age children, local surveys, and the results of special focus and discussion groups.

NEEDS ASSESSMENT PROCESS

In order to undertake and manage an inclusive Strategic Planning process, the Commission created countywide Planning Teams in each of the following five focus areas in early childhood development:

- Behavioral Risk Reduction and Prevention
- Child Care
- Family Support

- Parental and Child Health Care
- School Readiness

Planning Teams had the task of conducting a systematic, countywide assessment of the developmental needs of young children and their families. These assessments included an analysis of the existing programs and services available within the particular early childhood focus area, surveys of community members' opinions, concerns and interests, and a review of current scientific literature. Based on all the collected information, each Planning Team then determined the highest priority unmet needs within its focus area, and submitted its recommendations for addressing those needs to the Commission on April 3, 2000. These recommendations were presented in the format more fully described in section VII Strategic Plan Components.

- Statement of Need
- Rationale or Justification for the Need (evidence of the deficiency)
- Anticipated Goal or Outcome (of services or programs)
- Sample Activities or Strategies (to successfully address the needs)
- Sample Measurements or Indicators of Success

The Planning Teams' recommendations were then melded and integrated together to form the core of this Strategic Plan. They are presented in this basic format in section VII of this Plan document.

Each Planning Team was comprised of a core group of twenty or more interested community members and professionals who had a particular expertise and or interest in the respective focus area. In each case, an effort was made to assure that the Planning Teams were representative of the various geographic regions of Monterey County, different income and ethnic groups, parents, early childhood service providers, and public and private agency staff. In addition to its core group, each Planning Team also had a larger group of members whose schedule would not allow them to participate as actively as the core group members.

A member of the county Commission served as the Chairperson of each Planning Team, and a planning consultant was assigned to facilitate the work of each Team. These consultants each brought years of experience in working with diverse community groups in the planning and implementation of community programs. Other consultant-specialists in early childhood development research, data/information management, and program evaluation supplemented the work of the planning consultants.

Information regarding existing conditions and needs of children was gathered from a variety of sources. Community data and other statistical information regarding current programs and conditions influencing children and their families were drawn from existing data sources within the county and presented to Teams for their analyses. In addition, each team provided members to support the Commission's "community outreach" program, and the results of these outreach efforts were reviewed by all of the Teams as they developed their prioritized needs statements. Lastly, a consultant-specialist prepared a summary of the landmark scientific research and "best practices" literature in early childhood development for the Teams' use. This document enabled each Team to consider and recommend particular strategies, and approaches or program designs for addressing each of the identified priority needs, including suggested services outcomes and program evaluation methodologies.

Community Outreach Activities

Consistent with its planning principles, the Commission organized its needs assessment as a community-based, results oriented process that would yield evidence of the greatest needs of the county's youngest children and their families. Central components of its community Outreach Plan included the use of community-based planning teams (including Community Workshops), a survey of the county's kindergarten teachers, regional workshops and focus group sessions, a randomized telephone opinion survey, and specialized discussion sessions among underrepresented interest groups. In addition, the Commission engaged in ongoing discussions with numerous local parent and child advisory groups and many committees. (See diagram in Appendix C, "Community Outreach and Planning Process.")

■ Focus Area Planning Teams

The Commission empowered members of the community with the task of determining the most important areas of assistance needed for the county's youngest children and their families. In October 1999, the Commission held a daylong, countywide Community Workshop in Salinas targeted toward parents, early childhood professionals, the media, clergy, philanthropic groups, and a variety of early childhood and family service providers. In the morning, over 300 attendees heard presentations on recent scientific research on brain development, the importance of the early years, and the opportunities presented by Proposition 10 within Monterey County. In the afternoon, participants engaged in small group discussions about their concerns, ideas, and suggestions for developing the Strategic Plan, and approximately 150 attendees joined one or more of the Focus Area Planning Teams as a consequence of those discussions. Their first task was to complete a preliminary draft of any information they had been able to gather to provide evidence of the various needs.

In late January, a large group meeting was held in Salinas for all Planning Team members to share their progress in completing their preliminary need statements, and to share ideas and concerns about the process to that time. During February and March, the Teams participated in various outreach activities, received and analyzed information resulting from these activities, reviewed the early childhood literature, and finalized their recommendations to the Commission. Those prioritize recommendations were presented to the Commission in a second Community Workshop on April 3, 2000.

Over the five months from November to April, Teams met about twice a month for several hours, and many members completed Team activities outside of scheduled meetings, including participation in regional workshops. Each Team also set up various subcommittees to complete special Team projects. In all, many core group members contributed or volunteered, on average, more than one hundred hours of their time in identifying children's needs and preparing their Team's recommendations.

■ Kindergarten Teacher Survey

The School Readiness Team reasoned that kindergarten teachers should be a particularly insightful group to poll regarding the presenting skills, behaviors, and health status of

children entering kindergarten. With the assistance of consultant-specialists, the county's Superintendents' Council, and a local research firm, the Team developed an easily

completed, but comprehensive instrument to gather opinions from the nearly 340 kindergarten teachers in Monterey County's public and private schools. Because of the combined efforts of a number of people and groups, the Team received 315 completed instruments, representing a return rate in excess of 90% (see Appendix D for a copy of the Survey instrument and a Summary of Results). The analyses of these surveys provided invaluable "baseline" information about the conditions of youngsters entering kindergarten to all of the Planning Teams, and may serve as a prototype survey for assessing the overall effectiveness of the Plan's activities (see Section VII).

■ Regional Workshops

Another key element of the Commission's outreach effort was to conduct shorter, but similar workshops in the major regions throughout the county. During the month of February, 2000, five regional workshops were conducted following the format of the community workshop in October. An overview of the importance of brain development and Proposition 10 in Monterey County was followed by focus group breakout sessions. All of the regional workshops were conducted in both Spanish and English, and were located in the following communities to reach parents and community members who may not have had ready access to the Salinas workshop (see county map in section IV):

Monterey Peninsula	Seaside
Peninsula, South:	Carmel Valley
North County:	Castroville
Salinas Area:	Alisal/East Salinas
South County:	Greenfield

Where possible, leaders of local community groups were contacted and asked to join the planning process in order to broaden participation and increase the reliability of information generated from the meetings. Local community members and planning team members were provided training in focus group leadership and transcription, and all workshop participants were asked the same questions. In all, over 150 parents and local community members participated in these workshops, with approximately 80% of the attendees claiming Latino ethnicity. The information collected from these focus group sessions was analyzed and compiled into a summary document by a consultant-specialist (see Appendix D). The focus group results were utilized by the Commission and Planning Teams in determining and prioritizing which of the many identified needs were of the greatest concern or urgency.

■ Telephone Survey

As a member of the Civic Engagement Project, the Commission received the results of a randomized telephone survey conducted by the Project during the month of December 1999. The survey collected data on residents' opinions regarding Proposition 10, tobacco usage, early childhood issues, and parenting concerns. Over 400 residents participated in the telephone survey and, although the Latino community was not proportionately represented in the survey, many interviews were conducted in Spanish. These results (see Appendix D) proved to be quite useful to the Commission and Team members as supporting documentation for issues and concerns presented in other arenas.

■ Special Discussion Groups

Despite the Commission's extensive efforts to involve all segments of the community, some groups still did not provide representatives to the planning process. Consequently, the Commission decided to pro-actively reach out to some of those groups and test their concerns and ideas about assisting our youngest children and their families. As a member of the Civic Engagement Project, the Commission and its planning consultants received training in civic dialogue techniques and procedures in order to maximize the information and knowledge yield from these special discussions. Included in these discussions was a session with an ecumenical group of clergy from the Salinas area, five sessions on the Peninsula with different groups of pre-school children, their teachers and parents, and one session with a group of pregnant adolescent girls residing in North County. In all, the voices and opinions of over 75 special community members were heard through these discussions.

These sessions yielded a rich array of information and deepened the understandings of the underlying issues for many Commission and Planning Team members. As importantly, these sessions served as a foundation for dialogue opportunities among previously underrepresented segments of the community, and will serve as vehicles for sustaining the momentum and interest generated throughout the community to serve this population of young children.

As a result of the Commission's outreach activities over a period of nearly six months, a wide variety of opinions have been heard and an exceptionally large number of individuals and families have been reached. Coupled with the use of scientific and objective data, the broad range of information used by Planning Teams to validate and support their recommendations adds a strong element of credibility and authenticity to the Needs and Outcomes presented in Section VII.

PLAN REVIEW AND ADOPTION

■ Public Meetings

Pursuant to the Health and Welfare Code section 130140(a)(1)(D), the Commission conducted public hearings on the proposed County Strategic Plan on April 13, 2000 and on April 27, 2000. The Plan was adopted by the Commission on April 27, 2000.

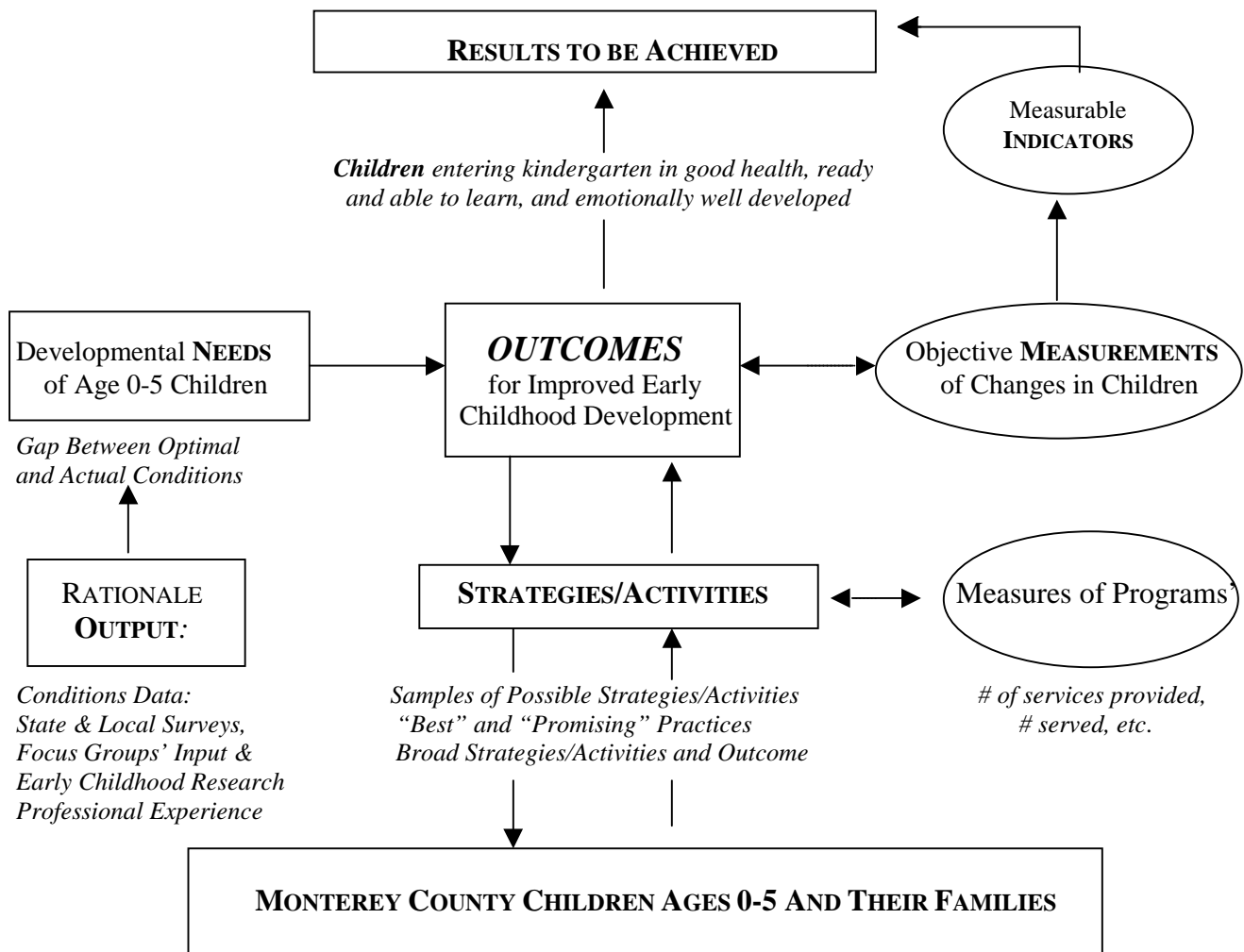
■ Advisory Council Review

The Commission reviewed the proposed Strategic Plan with its Advisory Council, the Monterey County Children's Council, on several occasions prior to the Plan's adoption by the Commission on April 27, 2000.

VII. STRATEGIC PLAN COMPONENTS

OVERVIEW OF THE SECTION

This section defines the *purpose* of the Strategic Plan and describes the *results-based planning model* utilized by the Commission in developing the Strategic Plan. Desirable changes in developmental outcomes for children are what drives this model at all levels, and the mechanisms for achieving those changes are not prescribed or specified by the Commission. Rather, programs and services providers who may be sponsored by the Commission have been offered examples of possible strategies and activities to approach and achieve those improved outcomes. The planning model is based on a comprehensive, evidence-oriented needs assessment that yielded eleven desired *Outcomes* for improving young children’s development. Collectively, these program-level *Outcomes* lead to overarching *Results to be Achieved*, which represent the broad, long-term products anticipated from the Strategic Plan’s ongoing implementation. Progress toward achieving program Outcomes and the overall success of the Strategic Plan are determined using reliable, objective measurements. Graphically, the results-based planning model can be described, as follows:



PURPOSE OF THE PLAN ¹

The purpose of the Monterey County Strategic Plan is to present the highest priority developmental needs of the county's youngest children and their families, as determined through an extensive community planning process. Furthermore, the Plan identifies activities and provides resources to address those needs in order to optimize the developmental outcomes our youngest children.

PLANNING MODEL

The Monterey County Children and Families Commission is committed to using a results-oriented planning model throughout its strategic planning effort. The major components of the model are defined, as follows:²

■ Results to be Achieved

Results to be Achieved are tied to the Commission's Purpose and define the broad, long term improvements desired for the population of children ages 0-5 in Monterey County.

■ Optimal and Current Conditions

Optimal Conditions refer to the best or most appropriate conditions of well being desired or expected under normal circumstances. *Current Conditions* describe the actual status or circumstances of the children, and serve as a foundation or baseline from which to determine growth or progress toward the Results to be Achieved.

■ Needs

Needs describe the conditions, experiences, or circumstances which are deficient or absent in the child's development. *Needs* derive from the difference between optimal and actual conditions. When *Needs* are addressed, the gap between optimal and baseline (pre-treatment) conditions is reduced.

■ Goals or Outcomes

Goals or Outcomes are anticipated effects that derive from the identified Needs, and which give direction for improving conditions described in those Needs. These hoped-for outcomes, when

¹ "It is the intent of this Act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development." *Health and Welfare Code section 130100-(a)*

² Definitions of the components are drawn from the California State Commission's "Guidelines for Strategic Planning" (1999), Mark Friedman's "Results Accountability" (1999), and The United Way's "Measuring Program Outcomes: A Practical Approach" (1996).

attained through program or service activities, will show progress toward the Results to be Achieved.

■ Activities and Strategies

Activities are what the program does to reach the goal and optimize the children's conditions. *Strategies* are the plans, means or methods of accomplishing the activities.

RESULTS TO BE ACHIEVED

Consistent with the Children and Families Act³ and the Commission's Statement of Purpose (see Section V), the broad *Results to be Achieved* through this Strategic Plan are to have all of the county's children entering kindergarten in *good health, ready and able to learn, and emotionally well developed*.

These three Results areas target *conditions, skills, knowledge, and behaviors* of children - not inferential or tangential activities or services. The overall effects of the Strategic Plan's activities and strategies are to be measured by observing changes in the skills, conditions, knowledge, behaviors, and developmental milestones of children as they enter kindergarten. In the following section, the three Results areas are defined and described for children entering kindergarten. Following the definitions are possible sources of observable *indicators* of those Result areas. These indicators would provide measures of the extent to which the Results are or are not being achieved. A complete list of indicators will be developed during the next year.

■ Good Health

Definition

Healthy children entering kindergarten are well nourished, appropriately active, well rested, safe from preventable injuries and illnesses, and demonstrate developmental growth and functioning within normal ranges. Beginning with the prenatal care received by their mothers, these children receive comprehensive medical and dental treatment. Furthermore, their environments are free from the effects of substance abuse, second-hand smoke and other environmental toxins.

Possible Sources of Indicators

- results of pediatric developmental screenings,
- immunization rates of children at age two,
- consumption rates of smoke-producing tobacco products,

³“There is a...compelling need to ensure that ... California's children ... *enter school in good health, ready and able to learn, and emotionally well developed*...Children who succeed in school are far more likely to engage in meaningful social, economic, and civic participation as adults...” ...*California Children and Families First Initiative, section 2(d),(g): “Findings and Declarations”*

- survey of pediatricians and primary care providers
- birth statistics (low birth weight),
- prenatal care (early entry data).

■ Ready and Able to Learn

Definition

Children entering kindergarten who are ready and able to learn possess developmentally appropriate social, intellectual, and physical skills so that they can assimilate the curriculum successfully and adapt to the school experience⁴.

Possible Sources of Indicators

- annual surveys of kindergarten teachers indicating the preparedness of their incoming students on social, pre-academic, self-help, and language development measures,
- annual surveys of the students' parents indicating the preparedness of their incoming students, as above,
- measurements of educational attainment rates of first time parents,
- annual measurements of children's skills on norm-referenced readiness tests administered at the time of first entry to kindergarten; i.e.,
cognitive and language development [primary and English],
large and small motor skills development,
interpersonal and social skills,
self help abilities.

■ Emotionally Well Developed

Definition

Children entering kindergarten who are emotionally well developed demonstrate developmentally appropriate abilities to interact with peers and adults, to control their behaviors and emotions, and to display positive values toward others and their property.

Possible Sources of Indicators

⁴ Gredler, "School Readiness" (1992); Katz, Lillian, "Readiness: Children and Schools" (1991); North Central Regional Educational Laboratory, "Critical Issue: Promoting Children's Readiness to Learn" (1999); National Association for the Education of Young Children, "Position on School Readiness" (1995).

- annual surveys of kindergarten teachers regarding the behavioral development of incoming students,
- annual surveys of parents of entering kindergarten students regarding their behavioral development.

Needs of Children ages 0-5 in Monterey County

The *Needs Statements* and supporting information in this section are the product of extraordinary efforts by members of the five planning teams. It presents the cumulative work and views of nearly 150 planning team members who developed recommendations based on their research and professional experience, and the collective input of hundreds of parents, teachers, and other community members interested in the development of young children in Monterey County.

In all, the teams presented the Commission with over 200 pages of documents in their completed reports. Their recommendations included eighteen (18) statements of need, comprehensive documentation and research findings supporting each need, corresponding outcomes and indicators, and an extensive series of activities and strategies to accomplish those outcomes.

The Needs Statements represent the work of nearly 150 planning team members including the collective input of hundreds of parents, teachers, and other community members.

Because it would be unworkable to include the teams' full reports in this Plan, what follows is a distillation of their works. Due to similarities among some of the teams' Needs statements, the eighteen needs were combined into eleven Statements for this report. Appendix E shows how the eighteen Needs Statements were combined and integrated into the final eleven Needs Statements. In the section to follow, each of the eleven integrated Needs Statements is supported by the Planning Team's rationale, and the Planning Teams' Needs Statements are identified as sources for the combined Statement.

In condensing the teams' comprehensive and inclusive body of work, strenuous efforts were made to maintain the content and integrity of the planning teams' recommendations. Wherever possible, language created by the planning teams was used, and nearly all of the teams' suggested strategies and activities have been included in this Plan. The reader is strongly encouraged to review the planning teams' entire reports in order to gain a full appreciation for the recommendations developed by each team. Those reports can be obtained at no cost from the Commission. The eleven combined Needs Statements fall into four major groups:

- Children's Learning and Developmental Skills
- Children's Health
- Children's Families
- A Community Supportive of Young Children

Needs Statements

■ Children's Learning and Developmental Skills

1. Many Monterey County children enter kindergarten without age-appropriate skills and preparatory levels of development. In particular, this includes the areas of: (1) cognitive, pre-academic, and language skills; (2) social, emotional, and behavioral skills and development, including self-esteem, attention span, and personal hygiene skill; (3) small motor skills.

Sources: School Readiness Needs #1, #2, #3; Parental and Child Health Need #4.

Rationale

Many Monterey County children enter kindergarten without age-appropriate cognitive, pre-academic, and language skills. These include skill areas such as emerging literacy and numeracy, recognizing colors and shapes, speaking and understanding English or another primary home language, and using language to solve problems and to meet wants and needs.

In responses to the recent Kindergarten Teacher School Readiness Survey, that involved 90% of the county's kindergarten teachers and 5,740 kindergarten students, teachers found that fewer than 35% of the county's children enter kindergarten adequately prepared in pre-academic skills. Regional and Zip Code analysis indicate that these needs are most severe in North County, South County, and East Salinas. In some communities, fewer than 15% of students begin school adequately prepared in pre-academic skills, and 33% to 36% begin kindergarten without age-appropriate proficiency in *any* primary language.

Fewer than 35% of the county's children enter kindergarten adequately prepared in pre-academic skills.

The countywide responses of kindergarten teachers were concerned about the preparation of students in the three areas of (1) social skills (works/plays with others), (2) self-control/impulse control, etc., and (3) age-appropriate attention span and behavioral skills (follows directions, not overly aggressive or withdrawn, etc.) were remarkably consistent. Countywide, 47.9% to 49.0% of students were considered "adequately prepared" in all three of these areas. Thus, just over half of the county's entering kindergarten students

were not considered adequately prepared in these areas. While there were significant problems throughout the county, a higher percentage of children evidenced problems, once again, in South County (39% adequately prepared) and in North County (35%).

Other evidence that the social and behavioral areas are priority concerns came from the parent focus groups held at five Regional Meetings around Monterey County. Parents' comments, especially in the Spanish-speaking focus groups, stressed a desire for training to help their children grow up well-behaved and to discipline children appropriately, when necessary. These areas are even greater concerns to migrant families who work seasonally in the county and move to follow agricultural work in other regions. The Monterey County Office of Education's Migrant Education Program reports an enrollment of 3,903 children ages 0-5 in their program. Local experts feel that the actual number of children ages 0-5 in local migrant families is closer to 5,000.

These children face disruption and discontinuities in their learning experiences and loss of friends and other relationships with each move. Early learning opportunities are very limited for these children, and many are unable to enroll in early childcare or preschool programs because of their mobility.

- 2. All children need a stimulating, safe, secure, and developmentally appropriate learning environment, in the home or other learning settings, that is created to meet each child's physical, social, cognitive, and emotional needs. This often does not occur in Monterey County. *Source: Child Care Need #2.***

Rationale

Kindergarten teachers report that one of the factors contributing to children's limited preparation for kindergarten is the lack of a stimulating early learning environment. Results from the regional focus groups and the CEP telephone survey indicate that many Monterey County parents do not have adequate information, skills, resources and/or time to provide their children with developmentally appropriate experiences and environments. Additionally, parents have concerns about the quality of child-care that children receive in their absence. Early childhood educators often share this concern, as well.

National research shows that about 15% of children in child-care centers are in centers of such poor quality that their health or development is threatened. About the same percentage are in centers that effectively promote child development. The remaining 70% of children are in centers that have safe environments, but do not promote optimal development. Children in unlicensed settings may fare even worse because licensing agencies require at least minimal standards of safety (Helburn & Howes, 1996). Child Care Planning Team professionals concur that local child-care conditions are comparable to the national research. Research also shows that the quality of child care for infants is often lower than that of older children.

Staff from the California State Department of Social Services Community Care Licensing unit and local experts report that caregivers are not able to tailor the learning environment to meet individual children's needs and interests due, in part, to the size of group settings and high staff/children ratios. Both nurturing care and individualized curriculum planning are necessary for appropriate learning to occur.

Familiar surroundings support children's learning. Within Monterey County, 62% of children ages five and under are from Latino families whose primary language is Spanish. Many of these children's families are migrant agricultural workers who move frequently. Lack of culturally similar caregivers who speak the families' primary language is a critical deficit. Bi-lingual and culturally diverse child-care workers are needed to meet the cognitive, social, and emotional development needs of children from the diverse cultural groups.

■ Children's Health

3. Many Monterey County children have congenital disabilities that become more severe than necessary due to inadequate prevention, identification or treatment. *Source: Parental and Child Health Needs #2 #3; School Readiness Need #4.*

Rationale

Of the 6,807 annual live births in Monterey County, 113 (2%) have preventable birth conditions. One-third of these babies die before their first birthday. These birth defects include heart defects (27), chromosome anomalies (14), oral clefts (11), and Down Syndrome (9). Every year, approximately 350 babies are born in California with a neural tube defect such as spina bifida or anencephaly. There are an estimated 6 cases annually in Monterey County. It is estimated that 35% to 70% of these birth conditions may be preventable. Studies show that daily consumption of 400 micrograms of folic acid among women of childbearing age lowers the risk of these birth conditions.

It is estimated that 35% to 70% of these birth conditions may be preventable.

Low birth weight babies are at higher risk for birth complications including chronic lung disease, cardiac defects, developmental delays, vision and hearing problems, and cerebral palsy. Monterey County HRI reports that in 1999, 359 (5%) babies were born weighing less than 2500 grams and 72 babies (1%) were born weighing less than 1,500 grams.

Babies born to mothers with gestational diabetes have higher risks of birth defects if their blood sugar is uncontrolled. Gestational diabetes is found in 3-5% of pregnant women. Other birth defects that are preventable include Toxoplasmosis (causes mental

retardation) and lead poisoning at birth due to lead toxicity in pregnant women (causes retardation). These and other causes of physical and mental disabilities can be eliminated or reduced by early identification, prevention, and treatment.

According to special education professionals on the School Readiness Planning Team, many parents and caregivers, and many providers of health and other family services as well, often do not have the knowledge to identify what types of children's behavior might be signs of a potential disability. Therefore a significant number of children with special needs are never evaluated or served while they are infants, toddlers, or preschoolers. This can have lifelong effects on their emotional, social, and intellectual development.

Kindergarten teachers reported a total of 93 special education students (or 1.6% of kindergarten students) with Individual Educational Plans (IEPs). This number of students is considerably smaller than the portion of the population normally assumed to have some disability. Also, 32.6% of kindergarten teachers expressed concern that lack of early identification of special needs was a "significant factor" influencing children's lack of preparedness as they began kindergarten.

4. Many Monterey County children experience preventable childhood diseases, chronic health conditions, and injuries. *Source: Parental and Child Health Need #1.*

Rationale

The leading cause of preventable accidental deaths in Monterey County for children under one year of age is motor vehicle accidents with inappropriate use of infant car seats. The second leading cause of accidental death of children under age one is homicide (e.g., deaths resulting from neglect, abuse, and/or shaking baby syndrome). The leading cause of preventable accidents in children 1-5 are household accidents, falls, poison ingestion, lead poisoning exposure, pesticide exposure, and injury due to unlocked guns. These injuries often incapacitate children and reduce their ability to enter school ready to learn. In 1997, officials in Monterey County reported 78 hospitalizations of children ages 1-5 due to unintentional injuries (1997 CDHS Injury Surveillance Survey).

The leading cause of preventable accidental deaths in Monterey County for children under one year of age is motor vehicle accidents with inappropriate use of infant car seats.

The incidence of preventable dental caries is high, much of it due to baby bottle tooth caries and low levels of fluoride in water. Dental caries can prevent good nutrition,

create pain, affect speech development, and may reduce the child's performance in school.

Poor nutrition can affect brain growth, concentration, and readiness for school. MCHD-CHDP reports that 718 children who received CHDP physicals in 1997-98 were reported to have growth delays. In that same year 221 children were found with anemia and in 1998-99, 1,011 cases were found.

Other health problems whose consequences can be reduced include asthma, allergies, and respiratory disease. Children exposed to second hand smoke, molds, and mildew can acquire these illnesses, which may influence their readiness for school. Preventable hearing loss can lead to language delays in children and reduce readiness to learn.

5. Many Monterey County children are harmed by living in environments in which the adults abuse alcohol, tobacco and other drugs (ATOD). This includes use by their mothers during pregnancy. *Source: Behavioral Risk Need #1.*

Rationale

Research reveals that children suffer significant harmful health effects when alcohol, tobacco, and other drugs are present in their environment, (Quinn, 1999; Children of Alcoholics Foundation; and National Association for Children of Alcoholics). These effects include respiratory illnesses, low birth weight, fetal alcohol syndrome, nervousness, and cognitive impairments.

In 1992, the California Perinatal Substance Exposure Study estimated that 11% of all newborns were born to mothers who had used alcohol and/or other drugs during pregnancy. The study also indicated that about 9% of new mothers reported they were tobacco smokers during pregnancy. In Monterey County, local experts estimate that 10-15% of infants have been exposed to alcohol, tobacco, and other drugs during pregnancy.

■ Children's Families

6. In order to develop healthy emotional relationships, children need to be born into, and cared for by, families that provide a nurturing environment, that fosters reciprocal connectedness. Many Monterey County children do not have families that provide this environment. *Source: Behavioral Risk Needs #2, #4.*

Rationale

Children born to teens, or as a result of mistimed or unwanted pregnancy, are more likely to receive late or no prenatal care and be born low birth weight babies. Also, research has shown these families may be lacking sufficient skills and resources to provide adequate nutrition, intellectual stimulation and emotional support (Committee on Unintended Pregnancy, 1995).

Children of teen mothers, as compared to children born to women ages 20 and above, often have less supportive and stimulating home environments, poorer health, higher rates of behavioral problems, and worse educational outcomes (Kirby, 1996).

Early brain development is an essential neurological framework for establishing reciprocal relationships. Emotional support and care stimulates the development of that neurological framework. Failure to establish reciprocal relationships may result in attachment disorders leading to disturbed social relations and psychosocial pathology.

Abuse and neglect, coupled with repeated changes in a child's primary caregivers can result in neurobiological deficits leading to attachment disorders (Arredondo, 1999).

Disorders may be manifested as:

- fear of exploration,
- extreme emotional outbursts in response to stress,
- lack of spontaneity,
- difficulty forming trusting relationships.

7. Many Monterey County children have parents and caregivers who lack knowledge of early childhood development and parenting techniques and skills. They also lack knowledge about when, where, and how to seek supportive services their children may need. *Source: Family Support Needs #1, #2.*

Rationale

Insufficient family skills that promote school readiness was rated as a significant influence on children's lack of readiness for kindergarten by 68.5% of the kindergarten teachers. Caregivers in both formal (licensed) and informal (family/neighbor) settings express the desire to have more early development knowledge (MCCCPC, 1999).

In regional focus groups, parents overwhelmingly (17 out of 21 groups) said they need and want better parenting skills in teaching children positive values and discipline. They also indicated a need to learn how to identify learning and behavioral problems early in the child's life. There was widespread agreement, among all language groups and regions of the county, that help with parenting skills is a priority. Parent educators on the Family Support Planning Team concur that training in parenting skills is a high priority.

8. Many Monterey County children suffer the consequences of domestic violence, child abuse and neglect, and community violence. *Source: Behavioral Risk Need #3.*

Rationale

As a result of domestic violence, child abuse and community violence continues. The number of Monterey County children placed in foster care has grown at more than 10% per year throughout the 1990s. Furthermore, the foster care population has more than doubled since 1992.

87% of children placed in foster care came from homes where parental substance abuse was a factor in the placement.

A national study reported 74% of children placed in foster care in Illinois and California came from homes where the parents required substance abuse treatment (DHHS, 1999). A caseload survey in 1998 indicated that 87% of children placed in foster care in Monterey County came from homes where parental substance abuse was a factor in the placement (MCDSS, 1998).

A five year random survey of all families failing to reunify with their children revealed three predominant variables among the parents: (1) substance abuse (80%); (2) domestic violence (80%); and (3) the age of the mother at first child's birth (64% under 18 years and 72% under 21 years) (Sherrill, 1996). Of those children placed in foster care while receiving Family Reunification services, 40% are reported having three or more placements (MCDSS:CWS/CMS, 1999).

Numerous studies reveal that community and family violence affects young children's ability to learn and develop adequate social skills, confidence, and self esteem (Reuters, Wallach, 1988).

■ A Community Supportive of Young Children

9. Many Monterey County children are in caregiving settings that do not provide nurturing and stable relationships. This has detrimental effects on children's social and emotional development. *Source: Child Care Need #1.*

Rationale

Research indicates that over 50% of children ages 0-5 required some form of child-care. (The California Child Care Portfolio, 1999, reported by the California Resource and Referral Network.) Local child care experts indicate that many children spend substantial time in full-time child care settings during the week, in the care of adults other than their parents.

National child care research shows that the most important factor that affects children's development, other than their relationship with their parents, is the relationship between the child and the caregiver. Positive caregiver relationships influence children's social development, classroom behavior, and social skills development (NCEDL, 1999).

Conversely, children who do not have the opportunity to develop close caregiver relationships suffer negative consequences (Galinsky and Friedman, 1993). Children in programs with high staff turnover achieved less social and language development. (Cummings, 1986). Children who frequently change child care arrangements are less competent in their interactions with materials and with other children (Howes & Stewart, 1987).

Many children in Monterey County experience inconsistent and unstable nurturing relationships with caregivers because of a very high turnover rate (The Economic Impact of Child Care in Monterey County, 1997). This means that children have little chance to form stable, consistent and nurturing relationships with the adults who care for them.

The California State Department of Social Services Community Care Licensing unit and local experts report that, in general, group sizes and child/staff ratios are too large. As a result, caregivers are not available to provide children with the nurturing care and interpersonal training they need.

10. The basic needs of many Monterey County children often go unmet. This is frequently because their families lack adequate housing, jobs, and transportation. *Source: Family Support Need #3.*

Rationale

The combination of low incomes and the high cost of housing leaves many Monterey County families struggling to meet basic needs. Lack of transportation in small town and rural areas, especially in South County, further challenges families' efforts to provide basics for their children.

Low incomes and the high cost of housing leave many Monterey County families struggling to meet basic needs.

Families with young children make up about 85% of those who rely on the Monterey County Food Bank for help. Also, 1,900 to 2,900 men, women and children are homeless on any given night. Additionally, 26.4% of Monterey County children ages 0 to 4 live in poverty (Children Now, 1998).

Monterey County has one of the lowest housing affordability ratings in California. Only 20% of local wage earners can afford a median-priced home (Common Ground).

During regional focus groups, parents cited affordability in housing and transportation as an obstacle to providing adequate care for their children. Transportation issues were prominent especially among South County participants.

The County's unemployment rate is 10.8%; this is higher than the California rate of 6.5% and national rate of 4.9%. Because of the seasonal nature of Monterey County's two major industries, agriculture and tourism, the winter unemployment rate is even higher--16.5% in February 1999 (Tellus/Diganos, 1999).

11. Many Monterey County children who need care or supportive services do not receive them because needed services are not available or easily accessible. *Source: Family Support Need #2.*

Rationale

Parents in regional focus groups, particularly in North and South County, reported that many health, social, and support services were located too far away. In addition, the School Readiness Planning Team notes lack of access to child-care for children with special needs, particularly those living in rural areas. The Child Care Planning Team also reported that the availability of, and access to, child-care services are more limited in rural areas.

Goals/Outcomes and Possible Corresponding Activities / Strategies

The following Outcomes are derived directly from the statements of children's Needs from the section above. Progress toward Outcomes should directly reduce the problems described in the Needs Statement, and the performance of sponsored programs will be measured by the changes they bring about in these Outcomes for children. Outcomes are generally measured over a one to three year period of time.

For each Outcome, possible Activities or Strategies developed by the Planning Teams are provided as examples or guides for developing programs and services to achieve the Outcome. In order to promote innovation, and to broadly apply the experience and expertise of program applicants, service providers are encouraged to be creative in designing programs and developing strategies to address the Outcomes. The Commission does not expect to sponsor all of the possible Activities and Strategies, nor does it intend to prescribe or limit the kinds of programs that can be created to help meet the needs of the county's youngest children. The listed strategies are meant only to be suggestive. Another useful source of program ideas is the Commission's summary of Early Childhood Research and Promising Practices prepared for the planning teams. A listing of Promising Practices from that document is provided in Appendix F.

In addition, because providers tend to view their activities from the perspective of the service to be provided, rather than the Outcome to be achieved, the following Outcomes and Strategies have been re-organized and presented from that perspective in Appendix G. Local agencies may want to design programs utilizing one or more of these broad Strategies, and are encouraged to join with other agencies in combining strategies to achieve the desired Outcomes.

■ Children's Learning and Developmental Skills

1. Many Monterey County children enter kindergarten without age-appropriate skills and preparatory levels of development. In particular, this includes the areas of: (1) cognitive, pre-academic, and language skills; (2) social, emotional, and behavioral skills and development, including self-esteem, attention span, and personal hygiene skills; (3) small motor skills.

■ Possible Strategies/Activities:

EDUCATION

- Provide new and/or expanded parenting and caregiver educational programs.
- Provide training, curricula and resource materials for caregivers that focus on creating appropriately stimulating learning environments.

RESOURCE DEVELOPMENT

- Create a resource center for early childhood educational materials and information that can be distributed freely or loaned out.
- Distribute the California Children and Families Commission's "New Parents' Kit".
- Provide community education and recreational programs that expand children's early experiences and knowledge of the world around them.
- Develop and implement a comprehensive public information and community education program that highlights the importance of early childhood development and effective parenting techniques, particularly for improving children's learning.

PROGRAM EXPANSION AND IMPROVEMENT

- Expand high quality early childhood education programs in preschool and caregiving settings.
- Develop and/or increase early learning and literacy programs, especially for underserved populations.
- Create programs to coordinate and improve children's transition from pre-kindergarten settings to kindergarten.
- Promote early identification and treatment for special needs children.

2. Increase in the number of children who have stimulating, safe, secure, developmentally appropriate learning environments, in the home or other learning settings, created to meet each child's physical, social, cognitive and emotional needs.

■ Possible Strategies/Activities:

EDUCATION

- Enhance parenting education through home visitation, center-based, mobile, and/or workplace programs.
- Foster targeted professional development training for caregivers focusing on learning activities.
- Provide pre-parenting training and counseling.

RESOURCE DEVELOPMENT

- Expand home visitation programs to provide emotional and resource support to parents.
- Create a resource center for early childhood educational materials and information that can be distributed freely or loaned out.
- Provide comprehensive information services about early childhood development, foods and proper nutrition, health and hygiene, and self-help.

- Develop and implement a comprehensive public information and community education program that highlights the importance of early childhood development and effective parenting techniques, particularly for improving children’s learning.

PROGRAM EXPANSION AND IMPROVEMENT

- Increase the number of high quality pre-schools.
- Increase the number of licensed early child care centers and family care homes.
- Improve the professional knowledge and expertise of caregiver staff.
- Improve program service delivery’s emphasis on serving under-served populations regarding geography, special needs, and infant care.
- Assess and, if necessary, improve safety in program settings.

■ Children’s Health

3. Increase in the number of Monterey County children who receive adequate prevention, identification, or treatment of congenital disabilities so that they can realize their full potential.

■ Possible Strategies/Activities:

EDUCATION

- Provide educational parenting training that focuses on avoiding common toxic substances that may cause health problems and reduce unsafe parenting practices.
- Provide agencies serving young children with early identification and/or awareness training.

RESOURCE DEVELOPMENT

- Increase public awareness of techniques and skills for self-care and availability of services.
- Provide resource support to programs serving special needs children age 0-5.
- Hire additional school personnel to perform assessments and provide services to children ages 3-5.
- Distribute the California Children and Families Commission’s “New Parents’ Kit”.
- Conduct a survey of Monterey County pediatricians and primary care providers.
- Establish an “800” Warm-line’ in English and Spanish to provide medical referrals for parents to obtain information on medical and dental programs, services, and benefits.

PROGRAM EXPANSION AND IMPROVEMENT

- Foster an increase in the amount of breastfeeding.
- Foster an increase in the use of folic acid by women of childbearing age.

- Increase the number of treatment and training programs that reduce the use of alcohol, tobacco, and other drugs by pregnant women and their families.
- Increase prenatal care programs and services.
- Sponsor regional clinics and mobile services to provide dental, comprehensive health, developmental screenings, and early identification.

4. Decrease in the number of Monterey County children who experience preventable childhood diseases, chronic health conditions, and injuries.

■ Possible Strategies/Activities:

EDUCATION

- Provide training for parents and caregivers in safe practices within the home, center, or other setting.
- Provide public education and training for parents and caregivers in proper dental and physical hygiene, availability of health and dental services, and insurance programs.
- Provide a comprehensive program of parent and caregiver education on food selection and preparation, nutrition, and breastfeeding.
- Provide or support extensive community education on food and nutrition to address community-wide problems (e.g., anemia, obesity).

RESOURCE DEVELOPMENT

- Distribute the California Children and Families Commission's "New Parents' Kit".
- Conduct a survey of Monterey County pediatricians and primary care providers.
- Establish an "800" Warm-line' in English and Spanish to provide medical referrals for parents to obtain information on medical and dental programs, services, and benefits.

PROGRAM EXPANSION AND IMPROVEMENT

- Foster an increase in the effective use of child car seats.
- Increase accessibility to dental and comprehensive health screening, prevention, and treatment programs.
- Increase the rates of immunizations for young children.
- Foster a reduction in children's exposure to pesticides.

5. Decrease in the number of Monterey County children who are harmed by living in environments in which the adults abuse alcohol, tobacco and other drugs, including usage during their mothers' pregnancies.

■ Possible Strategies/Activities:

EDUCATION

- Provide training to law enforcement professionals regarding the handling of, and providing assistance and treatment for, substance abusing families.

RESOURCE DEVELOPMENT

- Provide a comprehensive public education and awareness program regarding the harmful effects of smoking and using drugs for women of childbearing age.
- Build and/or expand community support networks, both private and public.
- Distribute the California Children and Families Commission's "New Parents' Kit".
- Conduct a survey of Monterey County pediatricians and primary care providers.
- Establish an "800" Warm-line' in English and Spanish to provide medical referrals for parents to obtain information on medical and dental programs, services, and benefits.

PROGRAM EXPANSION AND IMPROVEMENT

- Increase the number and quality of treatment programs to reduce tobacco consumption, including tobacco cessation and education.
- Increase tobacco education and cessation programs aimed at youth and children.
- Increase the treatment capacity in order to serve more parents who experience alcohol and other substance abuse problems.
- Increase the early identification of children at risk from the harmful effects of alcohol, tobacco, and other drugs usage by the adults in their lives.
- Provide home visitation and counseling programs for mothers of young children.

■ Children's Families

6. Increase in the number of children developing healthy emotional relationships resulting from a nurturing family environment that fosters reciprocal connectedness between family members.

■ Possible Strategies/Activities:

EDUCATION

- Provide parenting education, including parent-child communications (especially regarding relationships and sensitive issues).
- Provide counseling services for at-risk children and families.
- Conduct training for professionals on emotional/behavioral development of children.
- Provide pre-parenting education.

RESOURCE DEVELOPMENT

- Provide respite care (from drop-in to foster care) for families under stress.
- Provide early identification and treatment of social/emotional problems.
- Provide programs that are targeted at reducing unintended pregnancies.
- Distribute the California Children and Families Commission's "New Parents' Kit".

PROGRAM EXPANSION AND IMPROVEMENT

- Create and expand intergenerational support groups for children and their parents.
- Provide programs that encourage child nurturing throughout the community.

7. Increase in the number of Monterey County children who receive effective parenting and adequate services as a result of their parents and caregivers having increased knowledge of parenting skills and available resources.

■ Possible Strategies/Activities:

EDUCATION

- Provide home visits on child support and guidance.
- Provide coaching and mentoring for parents.
- Provide peer support groups.
- Provide parenting training on children's needs, parenting skills, and available resources.
- Provide training for professionals on emotional/behavioral development of children and stresses of parenthood.
- Increase the use of programs that encourage parents to complete higher levels of education.

RESOURCE DEVELOPMENT

- Provide comprehensive, accessible information on available services.
- Create improved referral systems.
- Develop support groups for teen mothers to promote effective parenting.

PROGRAM EXPANSION AND IMPROVEMENT

- Improve outreach by existing programs.
- Create and expand intergenerational support groups.

8. Reduction in the number of Monterey County children who suffer the consequences of domestic violence, child abuse and neglect, and community violence.

■ Possible Strategies/Activities:

EDUCATION

- Provide parent training on home safety, child abuse, and positive discipline.
- Provide violence prevention training programs for providers and educators.
- Empower providers (clergy, medical, educators, child-care, etc.) trained in identification and intervention.

RESOURCE DEVELOPMENT

- Provide positive male role models for children.
- Develop home visitation programs.
- Provide family counseling and treatment for families experiencing domestic violence, child neglect and abuse.
- Provide respite child care and foster care.
- Develop new/expanded shelters providing support and training for victims of domestic violence.
- Distribute the California Children and Families Commission's "New Parents' Kit".

PROGRAM EXPANSION AND IMPROVEMENT

- Provide gun safety programs.
- Develop a community based violence prevention program, including a quick response team that can mobilize easily to provide support, information, and referral assistance.

■ A Community Supportive of Young Children

9. Increase in the number of Monterey County children in caregiving settings who have positive social and emotional development because of nurturing and stable relationships with caregivers.

■ Possible Strategies/Activities:

EDUCATION

- Increase the professional development of child care providers through offering sustained, innovative, and coordinated training opportunities (curriculum should include an emphasis on service delivery systems to under-served populations).
- Increase training opportunities for providers to identify mental health difficulties and provide appropriate referrals for support and counseling services.
- Provide training in developmentally focused child care practices.

RESOURCE DEVELOPMENT

- Distribute the California Children and Families Commission's "New Parents' Kit".
- Increase the tenure and stability of trained, quality child care workers.
- Recruit additional bi-lingual providers.
- Improve access to support services.

PROGRAM EXPANSION AND IMPROVEMENT

- Increase parental involvement with caregivers and in child care programs.
- Improve child/staff ratios and group size.
- Increase mental health services available to children.

10. Increase in the number of Monterey County children whose basic needs are met as a result of their parents having improved employment, transportation, and housing.

■ Possible Strategies/Activities:

EDUCATION

- Provide parental training on life skills.
- Educate families on their rights to basic services and responsibilities that provide for their basic needs.

RESOURCE DEVELOPMENT

- Distribute the California Children and Families Commission's "New Parents' Kit".
- Conduct a survey of Monterey County pediatricians and primary care providers.
- Establish an "800" Warm-line' in English and Spanish to provide medical referrals for parents to obtain information on medical and dental programs, services, and benefits.

PROGRAM EXPANSION AND IMPROVEMENT

- Provide support for programs that expand or improve opportunities in housing, employment, and transportation.
- Increase accessibility, outreach, or capacity of existing family support programs, such as WIC, food banks, Healthy Families and Section 8 vouchers.
- Expand services for homeless families with children.

11. Increase in the number of Monterey County children who receive needed care and services because those services are more available or easily accessible.

■ Possible Strategies/Activities:

EDUCATION

- Recruit and train bi-lingual, bi-cultural providers and support staff.

RESOURCE DEVELOPMENT

- Increase family-friendly workplace policies.
- Create integrated record keeping of services provided.
- Distribute the California Children and Families Commission's "New Parents' Kit".
- Conduct a survey of Monterey County pediatricians and primary care providers
- Establish an "800" Warm-line' in English and Spanish to provide medical referrals for parents to obtain information on medical and dental programs, services, and benefits.

PROGRAM EXPANSION AND IMPROVEMENT

- Expand essential services to underserved communities.
- Organize and coordinate neighborhood-based support services.
- Improve service delivery system of existing programs.
- Increase quantity of affordable quality child care.
- Create a database /clearinghouse of information for providers.
- Improve communications about resources available for family and providers.
- Improve referral systems.
- Recruit and train bi-lingual, bi-cultural providers and support staff.

VIII. INFORMATION AND COMMUNITY EDUCATION PLAN

INTRODUCTION

This Information and Community Education Plan is developed in accordance with section 130100(a) of the Children and Families Act:

“It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of *information and services* to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all *information and services* from any entry point into the system...”

and in conformance with the Commission’s Statement of Purpose:⁵

“The Monterey County Children and Families Commission exists in order to create and manage a comprehensive system of *information*, programs, services and administrative support for enhancing the early childhood development of children and their families.”

It is the Commission’s intent to manage and provide a vast array of information and knowledge-based support to children, parents, community members, service providers and practitioners, the media, and research professionals. The purpose of this plan is to enhance the public’s awareness of the importance of early childhood development, to encourage use of healthy and nurturing developmental practices through a plan of community education, and to promote the collection and application of early childhood information utilizing sound research methodologies.

COMMUNITY EDUCATION

Community education is a critical factor in helping to create a strong foundation for supporting healthy children and strong families. One of the most effective ways to reach the community is through the media, both traditional and non-traditional. To maximize the effectiveness of this communications effort, the Commission will use all English and non-English communications outlets, including television, radio, newspapers, Internet, newsletters, and word-of-mouth.

The methodology for developing specific media campaign strategies will center on developing and presenting messages that are easily understood, in outlets that are widely accessible, and at a prudent level of cost. Furthermore, media messages will be sensitive to the cultural diversity that is so evident in Monterey County. As such, the Commission will establish partnerships with media and community organizations that are knowledgeable about and respected by the county’s various cultural groups in order to transmit and receive culturally appropriate communications.

⁵ See Section V.

Lastly, the Commission will maintain collaborative working relationships with the State Commission, other local commissions, and local organizations supporting enhancement of early childhood development in order to provide coordinated, consistent, and high quality messages to all members of our community.

Strategic priorities for this Communications Plan include a focus on:

- increasing community knowledge of, and participation in, quality early childhood development activities,
- informing and educating parents, caregivers, and the general public about the importance of early childhood development and the services available to them,
- encouraging public participation in the Commission's community planning process for creating and monitoring its Strategic Plan and for implementing the Plan through allocating funds for sponsored programs and services.

INFORMATION MANAGEMENT

The Commission recognizes the necessity of scientific research in planning for and evaluating services to young children and their families. In its Guiding Principles⁶, the Commission states that it will:

“...endeavor to sponsor system programs and services which utilize appropriate scientific findings as a foundation for their program designs...To the extent practical, the Commission will assist potential system providers in the application of this information to their program design processes.”

The information management system is designed on three pivotal functions; i.e., (1) a research library, (2) an information resource repository, and (3) sponsorship of local research. More specifically, to implement its information management system, the Commission will :

- create and maintaining a library of key early childhood research studies and promising practices that will be freely available to the community and professionals in both electronic and hard-copy formats,
- develop a repository of information concerning existing resources, programs, services, agencies, commissions, councils, local groups, and individuals engaged in the practice of improving early childhood developmental outcomes. This information will be housed in a computerized database and will be easily accessible for sorting and distribution through electronic means, including the Internet, diskettes, and CD-ROM formats,

⁶ See Section V The Monterey County Commission

- sponsor local research efforts to enhance the community's knowledge of new and current conditions, practices, and services that impact the development of our youngest children and their families.

IX. ORGANIZATION AND INTEGRATION PLAN

DESCRIPTION OF THE ORGANIZATIONAL STRUCTURE

In order to implement the Strategic Plan in an effective manner, administrative oversight and management of the Plan's sponsored tasks and activities are necessary. The Commission has developed a set of Bylaws to govern its activities (see Appendix B and is a public agency separate from the county organization), in conformance with section 53050 of the California Government Code:

“The term ‘public agency,’ as used in this article, means a district, public authority, public agency, and any other political subdivision or public corporation in the state, but does not include the state or a county, city and county, or city.”

As a public agency, the Commission may organize and establish its own administrative organization, or it may contract for those services with another organization or legal entity. Because of the expansive network of agencies, providers, councils, and other parties involved in the integration and performance of the Strategic Plan's activities, the Commission's management and administrative staff will need to be proficient in project management and coordination, interpersonal collaboration and communications, leveraging talent and resources, and creative problem solving. The following staffing plan has been adopted by the Commission for implementation during the summer, 2000.

Executive Director

The Executive Director would serve as the CEO for the organization, providing leadership and management of the Commission's Agency in keeping with the Commission's vision of an integrated and comprehensive system of early childhood information, programs, and services. Key among the Executive Director's duties would be to interact and collaborate with important individuals, agencies, councils, commissions, and philanthropic organizations supporting early childhood development in Monterey County. The Executive Director would also serve as the Commission's chief administrator with primary responsibility for implementing the Commission's policies and directives. Other major duties include supervision and evaluation of the Agency's management staff, preparation and monitoring of the Commission's annual budget, and overseeing the development, implementation, and revision of the Commission's Strategic Plan.

Early Childhood Programs Coordinator

The Programs Coordinator would function as the administrator responsible for monitoring and providing support to programs and services sponsored by the Commission. With a primary focus on client relations, the Coordinator would establish effective working

relationships with sponsored agencies and individuals, and would assist them in their efforts to attain successful outcomes. The Coordinator's major duties are to foster and coordinate integrative and/or collaborative activities among providers, suggest and facilitate technical assistance, work with community members and agencies to develop new programs and services which are needed but not currently identified, and oversee the implementation of sponsored programs and services, coordinate the RFP process, and facilitate development of additional and ongoing funding sources for sponsored programs and services.

Information Services Coordinator

The Information Services Coordinator would function as the manager of all information, public relations, and educational services needed to support and realize the Commission's vision. Primary among the responsibilities of the Information Services Coordinator would be to implement the developed Communications and Community Education plan. The Coordinator's major duties include management of the Commission's media and public information activities, development and implementation of strategies for increasing support for optimal early childhood development, development of information resources and local early childhood research efforts, and facilitation of collaborative activities between the Commission, philanthropic organizations, and community groups.

Administrative Officer

The Administrative Officer would function as the business manager for the organization with primary responsibility for its administrative operations: human resources management, budget and accounting systems, payroll and employees' benefits, safety and risk management, purchasing, facilities and maintenance, and technology and equipment servicing. The Administrative Officer would work to ensure the organization's fiscal solvency, accountability, and internal effectiveness, and would align the agency's operational activities in order to support its program and services functions.

Accountant

The Accountant would have primary responsibility for the day-to-day bookkeeping and accounting requirements of the organization. In coordination with management staff, the Accountant would also provide financial monitoring and audits of all contracts awarded or authorized by the Commission.

Secretarial Support

The agency would have two secretaries: a Senior Secretary and a Secretary/Receptionist. The Senior Secretary would provide clerical support to the Executive Director and the Information and Program Coordinators. This position would require a high level of secretarial knowledge and skill, and would be the senior secretarial position in the office. The Secretary/Reception would provide initial personal contact and assistance to visitors and clerical support to the Administrative Officer and staff.

DESCRIPTION OF INTEGRATION ACTIVITIES

Health and Welfare Code Sections 130100(a) and 130140(a)(1)(C)(ii) require local commissions to address how their Plan will improve the integration and coordination of early childhood services in order to create a *system* that not only enhances optimal early childhood development, but also is consumer-oriented and easily accessible.

The Monterey County Commission sees the integration of early childhood information and services as both an immediate objective and a long-term goal. In both the short and long term, the Plan emphasizes the need for coordination and community education about the importance of early childhood development and the need to enhance accessibility to services. In addition, the Plan demonstrates the Commission's support for new and innovative programs and services to specifically address the needs of children prior to their entry into kindergarten.

The Commission is committed to research-based and build on all existing and new partnerships and cooperative relationships.

The immediate aim of the Commission is to continue the momentum and excitement surrounding the Plan development utilizing the support and training received through the Civic Engagement Project. It is committed to enhancing partnerships and cooperative relationships in order to improve communications, increase program effectiveness, and maximize the resources and talents available within the county for the benefit of our young children and their families. Short-term activities will center on addressing children's unmet needs through the creation of new services, the coordination of existing services, and the development and sharing of early childhood information with the State Commission, learning institutions, and foundations.

All of the councils, agencies, commissions, and advisory groups assisting the Commission in developing the Plan will continue to be involved with the Commission as it unfolds the new Plan and opportunities for improvement begin to emerge (see "Community Outreach and Planning Process" chart in Appendix C. The Commission will be creating a new Parents' Advisory Council to provide a forum for parents to share experiences, ideas, concerns, and knowledge. Also, this Council will include representatives from sponsored programs' parent advisory groups, so that the Commission can sustain meaningful discussions with parents from all groups and sectors of the county.

Other immediate and ongoing activities of the Commission are to:

- collaborate with the Monterey County Medical Society, the medical community, and councils associated with early childhood and tobacco cessation,

- sponsor local early childhood research efforts, including those of the Medical Society and other councils,
- integrate, collect, and disseminate early childhood information from the medical and behavioral sciences,
- sponsor and/or coordinate collaborative discussions among providers on a quarterly basis,
- provide resources and support to the Parents' Council and the Children's Council,
- coordinate and/or sponsor planning and research information with the State Commission, learning institutions, other local agencies, and foundations,
- conduct a survey of pediatricians and primary care providers,
- survey parents whose children are entering kindergarten to provide data to use as a companion to the Kindergarten Teacher Survey data,
- develop indicators to use in assessing the Plan's *Results to be Achieved*.

Ultimately, as a long term goal, the Commission will develop an integrated, comprehensive, and easily accessible *system*- one that is consistent with the Commission's Statement of Purpose (see Section V). This system will need to be constructed on a foundation for clear communications, trust, and effective relationships. Building the system will require time, talent, goodwill, creativity, and personal energy from all of the participants. For example, the Commission's Information System will be research-based orientation sponsoring . The Commission's intent is, ultimately, to fully realize the language of the Code in creating a multi-level, cross-disciplinary, and interagency network of programs and services - one that is supported by a comprehensive system of early childhood knowledge, information, and public communications.

Building the system will require time, talent, goodwill, creativity, and personal energy from all of the participants.

X. ALLOCATIONS AND FINANCIAL PLAN

OVERVIEW OF FINANCIAL PLAN [FY 2000-01]

■ System Guiding Principles

Sustainability

The Commission will support and fund activities that produce enduring positive effects. These effects may include improvements in the system of care and services for our target population of parents and children, and should lead to increases in parents' ability to create and sustain positive changes in the lives of our youngest children.

"Needs-Driven" Allocations

The Commission will support activities, strategies and projects which address the needs of young children identified in the strategic plan, and which measurably demonstrate progress toward, and achievement of, the plan's outcomes.

Fairness in Allocations and Budgeting

The Commission will be accessible, fair, and objective in the allocation of its resources and in processing grant applications for strategic plan programs and services.

Maximizing Resources

The Commission recognizes the probability of reduced tobacco consumption and, in turn, reduced tax revenues to support plan services. In light of this, the Commission will generate additional income to support strategic plan activities through investments and by developing funding partnerships with granting agencies.

■ Annual Budget

It is estimated that the Monterey County Commission's share of tax revenues and other income for the 2000-01 fiscal year will be \$6.6 million. The Commission's net ending balance for the period of January 1, 1999 through June 30, 2000 is estimated to be approximately \$9.4 million. Combining these two amounts yields an annual budget for the 2000-01 fiscal year of \$16.0 million.

Special Reserves

The Commission will set aside approximately \$9.4 million of the total budget for investment growth and for unique, *non-recurring* projects in support of the Strategic Plan *Outcomes* and *Results to be Achieved*. The long-term objective is to gradually deplete this balance, except for the Investment Fund, over the course of several years.

Major areas of this set aside include an Investment Growth Fund (\$3 million), an Infrastructure and Capital Expenditure Fund (\$3 million), a Reserve for Technical Assistance and Emerging Opportunities (\$2 million), and a Reserve for Matching Grants and Startup Support (\$1.4 million).

- *Investment Growth Fund* - The purpose of this Fund is to obtain investment returns on deposited funds that exceed the typical rate of return for funds deposited through the County Treasurer. Earnings from this Fund will be used in future years to minimize the expected reduction in tobacco tax revenues so that support for multi-year programs can be maintained.
- *Infrastructure and Capital Expenditure Fund* - The purpose of this Fund is to provide support for capital items or equipment whose useful life will continue over a longer number of years. These are non-recurring, non-consumable expenditures.
- *Reserve for Technical Assistance and Emerging Opportunities* - The purpose of this Fund is to provide resources for sponsored providers, assistance to potential grantees for further program design and/or proposal development, new or innovative early childhood research specific to Monterey County, and unanticipated opportunities for support that emerges after a grant-making cycle has concluded. Grants for projects under \$ 25,000 will be included in this area.
- *Reserve for Matching Grants and Startup Support* - The purpose of this Fund is to set aside amounts to assist grant-supported programs (in early childhood development which also meet the Plan criteria) with required matching funds. The Reserve may also be used to assist programs in need of startup funding, only.

Operational Budget

Funds for ongoing, recurring expenditures will be allocated in four broad operational categories:

- *Administration* - This program area provides for administrative and operational support for the Strategic Plan and the Commission's vision and purposes.
- *Information and Community Education System* - This program area encompasses the array of programs, activities, materials, and services provided by the Commission to improve accessibility to early childhood information and services, to increase the community's awareness and appreciation of early childhood development, and to provide educational materials and services to the public that will assist in achieving the goals of the Strategic Plan.
- *Programs and Services System* - This program area addresses the ongoing programs and services sponsored, facilitated, and supported by the Commission and whose goals are derived from and in support of the Strategic Plan. Grants above \$ 25,000 will be awarded for programs that require two or more years to complete.
- *Contingency Reserve* - There will be a reserve account to set aside funds for unforeseen operational costs

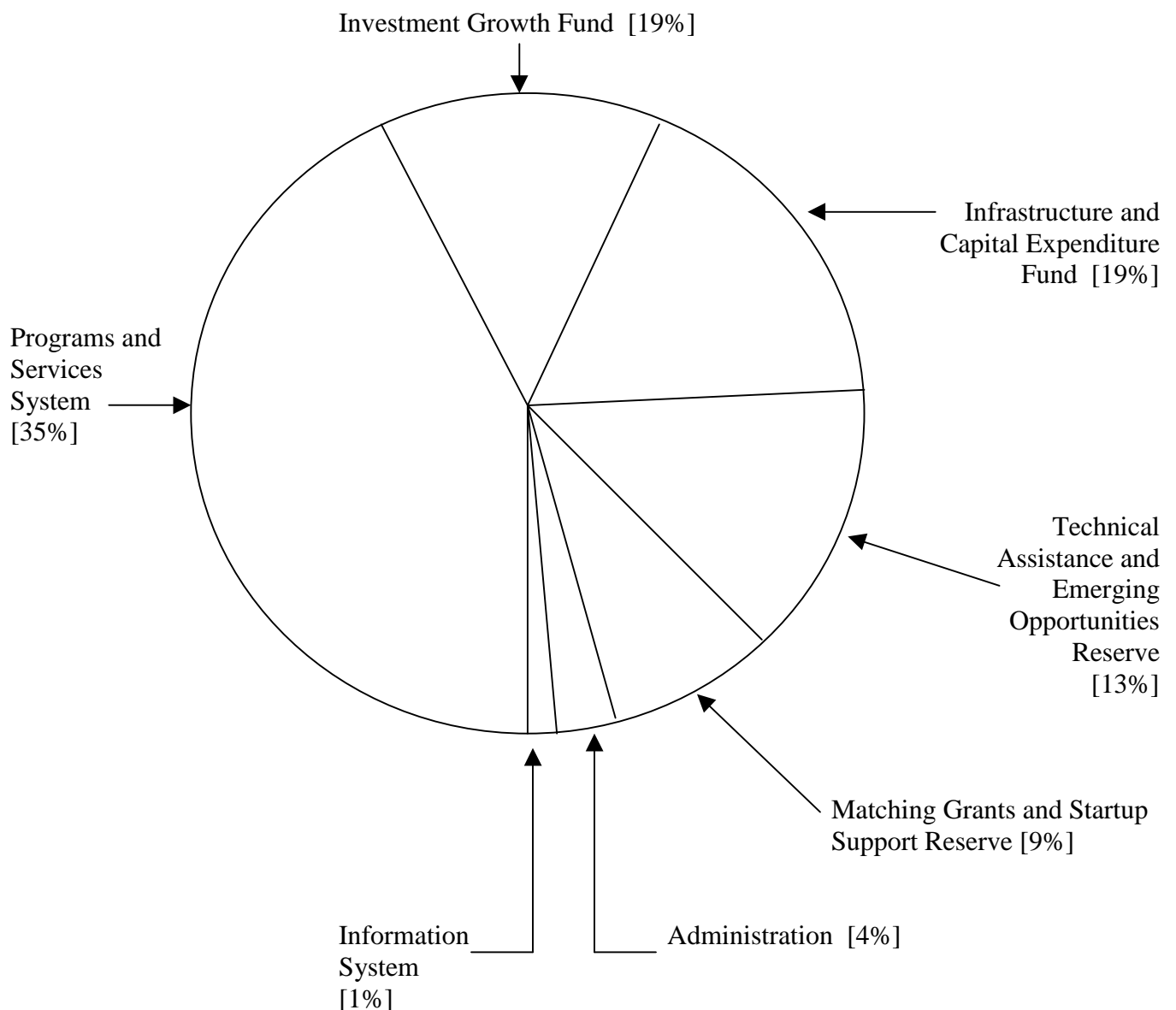
PROJECTED ANNUAL BUDGET: 2000-01

55

Total Allocations:

1.	Programs and Services System	\$	5,510,000
2.	Infrastructure and Capital Expenditure Fund		3,000,000
3.	Investment Growth Fund		3,000,000
4.	Technical Assistance and Emerging Opportunities Reserve		2,000,000
5.	Matching Grants and Startup Support Reserve		1,400,000
6.	Administration		660,000
7.	Contingency Reserve		330,000
8.	Information System		<u>100,000</u>

Total		\$	16,000,000
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GRANT-MAKING / SPONSORSHIP PROCESS

■ Selection Criteria

Eligibility

- Proposals will be accepted from any qualifying agency or organization - public, private, nonprofit, and/or for profit.
- Proposals that benefit any particular individual or which are intended to serve specific religious purposes should *not* be submitted.
- Organizations submitting proposals should have a history of successful service in the field or professional area in which services are being proposed.

Services to be Provided

- Organizations must provide services to children ages prenatal through five and/or their families.
- Proposals should demonstrate how the services are linked to the Strategic Plan's Results to be Achieved, Needs, and Anticipated Outcomes.
- Services may be proposed for populations residing in any geographic region of Monterey County.
- Proposals must include a description of the process for obtaining and utilizing advice and input from parents involved in the proposed program or service.

Adherence to the Commission's Guiding Principles

Proposals should demonstrate how programs or services will operationalize the five Guiding Principles the Commission has adopted for all its activities. These five principles are:

- *Inclusiveness and Collaboration* - Does the proposal include collaboration and cooperation between agencies, the use of cross-disciplinary specialists in the design and implementation of programs and services, and effective communications between agencies (such as referral and reporting mechanisms)?
- *Innovation* - Does the proposal creatively and thoughtfully address the specific areas of need determined through the strategic planning process? Innovative programs demonstrate new approaches in delivering services, incorporate research findings from the research literature [including “promising practices”], and promote sustainable positive changes in the delivery of services to target populations.

- *Use of Scientific Research* - Does the proposal cite appropriate scientific findings (including research on early childhood development, early brain development, and children's social and emotional development) as a foundation for its program design? Is there scientific research or evidence that the proposed program or service has been successful?
- *Multiple Funding Sources* - Does the proposal include the use of multiple funding sources to leverage Proposition 10 funding? Other funding sources may include state and federal granting authorities, private foundations, and local businesses or governmental agencies.
- *Measurable Effectiveness* - Does the proposal identify specific and sustainable positive outcomes for achieving the Results to be achieved adopted in the strategic plan? Are there measurable indicators of the program's quality and level of effort? Does the proposal indicate how this data will be gathered and reported?

Cost and Capability

- *Cost-effectiveness* - Does the proposal demonstrate low costs per unit of service provided and coordination among administrative systems? Low costs can be achieved by utilizing existing infrastructure, equipment, and materials as in-kind contributions to the program.
- *Capability* - Does the proposal provide evidence that the organization has the resources and organizational capability to provide quality services at the level proposed? Does the organization have a history of successful experience providing services like those being proposed?
- *Budget* - Is the financing and budget proposed for the program or services realistic? Does the proposed budget include funding from other sources besides Prop. 10 revenues?
- *Knowledge of Local Community* – Does the proposal demonstrate the applicants' knowledge of the local community and ability to collaborate with targeted community members and agencies?

■ Application Review Process

Phase I

- Applicants should prepare a short Letter of Intent indicating the target population, strategic plan Need to be addressed, a profile of the program or service being proposed, estimated budget and/or grant amount, and a brief description of the measures to be used in determining progress toward the anticipated outcomes.

- Technical assistance may be made available to applicants requesting the help. This assistance will assist applicants in understanding the strategic plan expectations, designing effective programs or services that address the plan's objectives, and developing appropriate mechanisms to assure results accountability.
- Letters of Intent will be screened for their technical merit and their adherence to the Commission's adopted Selection Criteria.
- If the Letter of Intent is screened out at this level, the applicant could receive technical assistance in preparing a future or subsequent Letter.

Phase II

- An applicant who's Letter was accepted would prepare a comprehensive proposal on the Commission's approved form. This form requests more detailed information concerning the areas addressed in the Letter of Intent.
- Formal Proposals will be screened for their technical merit and their adherence to the Commission's adopted Selection Criteria.
- If the Proposal is screened out at this level, the applicant could receive technical assistance in preparing a future or subsequent Proposal.

Phase III

- A Proposal that is technically acceptable will be forwarded to the Commission's Proposal Review Committee. This committee will be comprised of Commission members and several key members of the community who have experience in evaluating proposals.
- Each Proposal will be evaluated according to the Selection Criteria established by the Commission. Applicants will have an opportunity to discuss the Proposal with the Review Committee.
- The Review Committee will recommend Proposals to the Commission for approval.
- If the Proposal is not forwarded for approval, the applicant could receive technical assistance in preparing a future or subsequent Proposal.

Phase IV

- The Commission will receive the recommendations of the Review Committee and will take action to approve any or all recommended Proposals.
- If the Proposal is not forwarded for approval, the applicant could receive technical assistance in preparing a future or subsequent Proposal.
- Commission staff will work with successful applicants to set up contractual agreements, payment schedules, and the like.

- Funds will be released to grantees per the contractual payment schedule.
- Technical assistance will be provided to sponsored providers as they implement their programs and services.

■ Proposed Timelines

Phase I	May, 2000	Letters of Intent will be requested as soon as possible after the Commission has adopted the RFP Instructions.
	June, 2000	Bidders' conferences will be held in a few key regions of Monterey County following the request for Letters. Potential applicants may receive technical assistance on request.
	July, 2000	The closing date for submission of Letters of Intent will occur approximately thirty (30) calendar days following the request for Letters.
Phase II	August, 2000	Screening of Letters and formal Proposals will occur as quickly as possible during the following thirty (30) calendar days in order for the Review Committee to meet with applicants during approximately the eighth week following the request for Letters.
Phase III	August, 2000	The Review Committee will make its recommendations to the Commission as quickly as possible following its review of Proposals and interviews with applicants.
Phase IV	August, 2000	The Commission anticipates approving Proposals on or about August 30, 2000.

XI. RESULTS ACCOUNTABILITY PLAN

INTRODUCTION

The Children and Families Act, section 130140(a)(1)(C)(ii), states that local commissions' strategic plans must provide a "...description of how measurable outcomes of (sponsored) programs, services, and projects will be determined...using reliable indicators." Additionally, the State Commission's Guidelines indicate that program evaluation should:

- improve the process of strategic planning,
- be part of every phase of strategic planning,
- provide feedback to the County Commission and to the Community.

The Monterey County Commission places a high value on accountability, and has included "Measurable Effectiveness" as one of its Guiding Principles. In brief, the Commission is accountable for all of its organizational activities, and will require that all grantees provide "a description of the process to be used in evaluating the effectiveness of sponsored programs and services."⁷

The Commission has endorsed a program evaluation approach described by Mark Friedman⁸ as "Results Accountability." Results Accountability means that program design, implementation, and evaluation are driven by an explicitly stated set of expected Results. The Results that will drive the Commission's decisions and sponsored programs are identified in the its Purpose Statement¹ and in the purpose of this Strategic Plan⁹:

"The objective (of the Commission's systems of information, services, and administration) is to prepare children *to enter school in good health, ready and able to learn, and emotionally well developed.*"

The following plan for Results Accountability is intended to create a program evaluation system that is:

- *Clear and Understandable* - It should be understood by all interested stakeholders and able to be implemented by community members and service providers who are not experts in program evaluation.
- *Efficient* - It should add very little to the workload of planners and providers but should facilitate the efficiency of their work.
- *Responsive* - It should provide information to satisfy the needs of all stakeholders.

⁷ See Section V The Monterey County Children and Families Commission

⁸ Mark Freidman is a consultant to the State Commission and is Director, Fiscal Policy Study Institute, Baltimore, Maryland

⁹ See Section VII, Strategic Plan Components

- *Sensitive* - It should be accessible to all groups and cultures in the county. It should be capable of measuring real outcomes for our children.
- *Useful* - It should provide valid information in a timely manner for decision-makers. It should enable providers to improve the quality of their service to children and families.

CONCEPTUAL FRAMEWORK

The conceptual framework for this evaluation plan is based upon the Guidelines published by the California State Commission, and it closely follows the approach used by United Way of America¹⁰ and the Results-Oriented model described in section VII Strategic Plan Components:

- *Results* are the long-range changes in the population of children 0 to 5 sought by the entire system, e.g., *children enter school in good health, ready and able to learn, and emotionally well developed.*
- *Needs* are the conditions, experiences, or circumstances which are deficient or absent in the child's development. Needs derive from the difference between optimal and actual or current conditions. When needs are addressed, the gap between optimal and actual (baseline) conditions is reduced.
- *Goals/Outcomes* are the benefits for children during and after participating in program activities, e.g., decrease in preventable birth defects, decrease in reported cases of childhood depression, increase in ability of children to form trusting relationships with significant care-givers.
- *Activities/Strategies* are what the program does to achieve its goals or outcomes, e.g., immunize children, provide high quality child care, provide counseling to teenage mothers. "Outputs" are measurements of the volume of work actually performed in a program or service, e.g., the number of classes taught, the number of counseling sessions, educational materials distributed, and the like.

ACCOUNTABILITY PLAN

■ For Sponsored Providers

The Commission is specifically committed to evaluating the effectiveness of its sponsored programs and services. Every activity or service sponsored by the Commission will proceed through a proposal process described in section IX Allocations and Financial Plan. In brief, applicants must establish anticipated program or services Goals/Outcomes that are intended

¹⁰ Measuring Program Outcomes: A Practical Approach, 1996, United Way of America

to improve a specific condition of children described in the Needs Statements enumerated in section VII. Additionally, applicants must demonstrate how achieving those Outcomes will ultimately contribute to achievement of the Plan's broad Outcomes and Results (also in section VII). Furthermore, applicants must demonstrate how those anticipated program or services Outcomes will be *measured using reliable and objective measures*.

While measuring program "outputs" is expected and necessary for verifying the actual work performed by providers, these measures are not sufficient for determining the quality or effectiveness of the program. *A program's effectiveness will be evaluated by the degree to which its Goals/Outcomes are attained.* Program Goals/Outcomes cite anticipated improvements in the conditions or behaviors of the target population. Program designs must include mechanisms for objectively measuring progress toward those anticipated Goals/Outcomes in order to be sponsored by the Commission.

Timelines for conducting periodic assessments and an annual program evaluation will be developed with successful applicants. Because the Commission believes that program evaluation is an ongoing feedback process, it will provide technical assistance and support to sponsored providers throughout their term of service.

All sponsored providers will complete and submit an annual program evaluation report to the Commission by September 1 after the close of the fiscal year. Providers' reports will be incorporated into the Commission's Accountability Report, which will be published and submitted to the State Commission in October.

■ FOR THE COMMISSION

There are two parts to the Commission's Accountability Plan. The first part evaluates whether the Commission has conducted its activities according to its adopted Values and Guiding Principles¹¹. The Commission has hired a program evaluation consultant to assist it in monitoring its operations and, through this external consultant, has consistently solicited feedback from professionals, parents, and community members during the entire planning process. The Commission will continue to monitor and evaluate its operations in this manner

The second part of the Commission's Accountability Plan is a summary evaluation of the effectiveness of its sponsored programs and services. This summary will include an analysis of the degree to which sponsored providers achieved their anticipated Outcomes and, additionally, an analysis of changes in the Results Indicators outlined in the Plan's Section VII. Taken together, these assessments will provide a reliable and objective summary of the overall effectiveness of the Commission's sponsored programs, activities, and services. The evaluation findings from this Accountability Plan will be presented in a summary Accountability report to be included in Commission's annual Audit Report.

¹¹ See Sections III and V

ANNUAL AUDIT

The Commission will prepare an Annual Audit of its activities in conformance with the State Commission's Guidelines and in compliance with the following sections of the Children and Families Act:

(Local commissions must prepare) "...a report on the implementation and performance of (their) functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators" [H & W Code section 130150]; and,

(Local commissions must use) "...outcome-based accountability to determine future expenditures" [H & W Code section 130140(a)(1)(C)(ii)].

The Audit Report will include a financial analysis of funds received and expended during the prior fiscal year. In addition, the Audit Report will include the evaluation results of the Commission's Accountability Plan. Further, the Commission will use the information contained in the Audit Report to reassess and modify its Strategic Plan for the next year, and to determine whether sponsored activities will be continued, modified, or discontinued. Lastly, the Annual Audit will be presented and reviewed in a public meeting prior to its adoption by the Commission.

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XII APPENDIX

Appendix Contents	71
Appendix A Unemployment Rate Table and Chart.....	73
Appendix B Monterey County Ordinance #4041.....	75
Appendix C Community Outreach & Planning Process.....	81
Appendix D Survey and Focus Group Data.....	83
Kindergarten Teacher Survey and Summary of Results.....	84
Regional Meeting Focus Group Results.....	93
Civic Engagement Project Telephone Survey.....	99
Appendix E Needs Statement Integration.....	103
Appendix F Promising Practices Overview.....	105
Appendix G Broad Strategies and Related Outcomes with Matrix.....	109

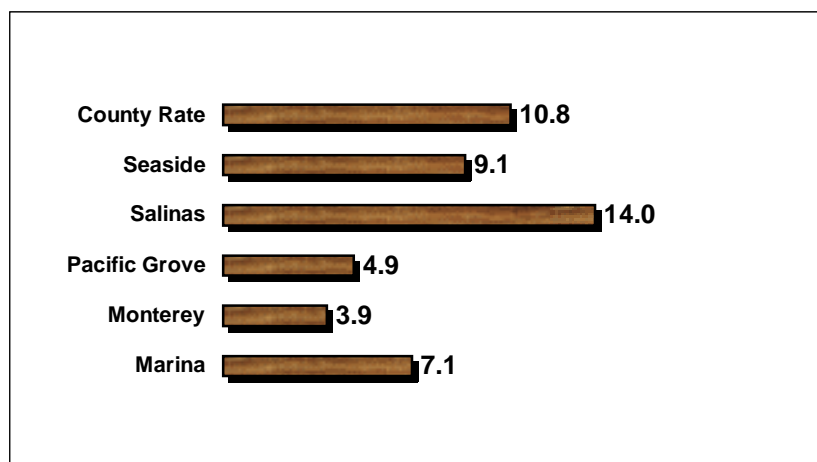


UNEMPLOYMENT RATE TABLE AND CHART

Unemployment Rate by Area

Area	Rate (1998)
County	10.8
Seaside	9.1
Salinas	14.0
Pacific Grove	4.9
Monterey	3.9
Marina	7.4

Unemployment Rate by Area



Source: Employment Development Department, Labor Market Information Division as reported in “Trends Affecting Monterey County” report by Tellus/Diganos, 1999.

MONTEREY COUNTY ORDINANCE NO. 4041

**AN ORDINANCE OF THE COUNTY OF MONTEREY, STATE OF CALIFORNIA,
AMMENDING CHAPTER 2.59 OF THE MONTEREY COUNTY CODE RELATING TO
THE MONTEREY COUNTY CALIFORNIA CHILDREN AND FAMILIES FIRST
COMMISSION**

County Counsel Summary

This Ordinance amends Chapter 2.59 of the Monterey County Code relating to the County's Children and Families First Commission. The word "First" is deleted from the name of the Commission and the Trust Fund to comport with recent amendments to the California Children and Families Act of 1998. In compliance with the California Children and Families First State Commission Advisor Opinion 99-02, this Ordinance deletes from Chapter 2.59 all references to the Board of Supervisors' approval power over the County Strategic Plan and budget to be adopted by the County Commission. Additionally, two members of the County Commission shall be recommended for appointment by the Children's Council instead of from the Council. Finally, this Ordinance deletes the declaration of urgency enacted in the original Ordinance.

The Board of Supervisors of the County of Monterey ordains as follows:

SECTION 1. Chapter 2.59 of the Monterey County Code is amended as follows:

Chapter 2.59

MONTEREY COUNTY CHILDREN AND FAMILIES COMMISSION

Sections:

- 2.59.10 Purpose and Intent.
- 2.59.020 Definitions.
- 2.59.030 Establishment of County Commission.
- 2.59.40 Establishment of Local Children and Families Trust Fund.
- 2.59.50 Composition of Monterey County Children and Families Commission.
- 2.59.060 Term.
- 2.59.70 Compensation.
- 2.59.080 Duties.

2.59.10 PURPOSE OF INTENT.

This chapter is adopted under the authority of Section 5, Division 108 of the Health and Safety Code, commencing with section 130100, and Section 6, Article 3 of the Revenue and Taxation Code commencing with section 30131, which sections were added with the passage of Proposition 10 on November 3, 1998, known as the "California Children and Families Act of 1998" ("Act"). This Chapter is intended to implement the provision

of the Act as it pertains to the establishment of community based programs with funds made available through the Children and Families Trust Funds. (Ord. 4003, 1998.)

2.59.020 DEFINITIONS.

The "California Children and Families Act", or "Act" means the laws and amendments to the California Constitution adopted on November 3, 1998, as the California Children and Families Initiative, Proposition 10, and any subsequent amendments thereto.

The "Monterey County Children and Families Commission", or "Commission", means a Monterey County commission established pursuant to the California Children and Families Act, and pursuant to this Chapter.

"Regulation" means any regulation or rule adopted to implement the Act.

"Monterey County Children and Families Trust Fund" or "Children and Families Trust Fund" means an account established with the Monterey County Treasurer for the purpose of receiving and managing Act funds. (Ord. 4003, 1998.)

2.59.030 ESTABLISHMENT OF COUNTY COMMISSION

There is hereby established a Monterey County commission to be known as "Monterey County Children and Families Commission." (Ord. 4003, 1998.)

2.59.040 ESTABLISHMENT OF LOCAL CHILDREN AND FAMILIES TRUST FUNDS.

There is hereby established a local Children and Families Trust Fund, to be set up by the Monterey County Auditor-Controller and Monterey County Treasurer to receive deposits of California Children and Families Trust funds. Funds deposited into said fund shall only be expended for the purposes authorized by the Act and only in accordance with a County Strategic Plan approved by the Monterey County Children and Families Commission. (Ord. 4003,1998.)

2.59.050. COMPOSITION OF MONTEREY COUNTY CHILDREN AND FAMILIES COMMISSION.

The Monterey County Children and Families Commission shall be composed of seven members to be appointed by the Monterey County Board of Supervisors consistent with the Act as follows:

- One member shall be the Director of the Monterey County Health Department, pursuant to Health and Safety Code Section 130140(a)(1)(A)(i).
- One member shall be an Assistant Director of the Monterey County Health Department, pursuant to Health and Safety Code Section 130140(a)(1)(A)(i).
- One member shall be the Director of the Department of Social Services, Childrens' Services Division, pursuant to Health and Safety Code Section 130140(a)(1)(A)(i).

- One member shall be a member of the Monterey County Board of Supervisors, pursuant to Health and Safety Code Section 130140(a)(1)(A)(ii).
- The remaining two members shall be recommended for appointment by the Childrens' Council and shall be among the following categories, pursuant to Health and Safety Code Section 130140(a)(1)(A)(iii).
 - A. Persons responsible for management of childrens' services, public health services, behavioral health services, social services, public health services, social services and tobacco and other substance abuse prevention and treatment services.
 - B. Recipient of project services included in the County Strategic Plan.
 - C. Educators specializing in early childhood development.
 - D. Representatives of a local child care resource or referral agency or a local child care coordinating group.
 - E. Representatives of a local organization for prevention or early intervention for families at risk.
 - F. Representatives of community-based organizations that have the goal of promoting nurturing and early childhood development.
 - G. Representatives of local school districts.
 - H. Representatives of local medical, pediatric, or obstetric associations or societies. (Ord. 4003, 1998.)

2.59.060 TERM.

Once appointed, the members of the Monterey County Children and Families Commission shall serve at the will of and until removed by the Board of Supervisors. (Ord. 4003, 1998.)

2.59.070 COMPENSATION.

The members of the Monterey County Children and Families Commission shall serve without compensation. Said members, however, shall be entitled to be paid a reasonable per them and be entitled to reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the Monterey County Children and Families Commission, in accordance with the Monterey County procedures and at rates in effect at the time. Members of the Monterey County Children and Families Commission, however, who are county employees and who are otherwise compensated for the time expended on behalf of the Monterey County Children and Families Commission, shall not be entitled to additional compensation. County employees who are commission members, shall, however, be entitled to be reimbursed for travel and related expenses incurred in the discharge of official Commission business. (Ord. 4003, 1998.)

2.59.080 DUTIES.

The Monterey County Children and Families Commission members shall perform those duties as provided for in the California Children and Families Act, and particularly as set forth in Health and Safety Code Section 130140(a)(1)(C) through Section 130140(a)(1)(1), and such other duties which are reasonably necessary to discharge their responsibilities under the Act, including without limitation the following:

- A. Adopt an adequate and complete County Strategic Plan for the support and improvement of early childhood development within the County, consistent with Health and Safety Code Section 130140(a)(C), (D), and (E).
- B. Hold at least one public hearing on the commission's proposed strategic plan prior to the adoption of the plan.
- C. Review the County Strategic Plan on at least an annual basis, and revise such plan as necessary or appropriate.
- D. Hold at least one public hearing on the commission's periodic reviews of the County Strategic Plan and prior to adoption of any revisions to said plan.
- E. Cause the submission of the adopted County Strategic Plan and any revisions to the state commission.
- F. Conduct an audit on or before October 15 of each year, conduct at least one public hearing prior to adopting any annual audit and report, and issue a written report to the Board of Supervisors on the implementation and performance of its functions during the preceding fiscal year, including the manner in which funds were expended, the progress toward and the achievement of program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators. The written report required by this section shall be transmitted to the state commission, and the Monterey County Commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.
- G. Establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of the Act and shall cause such advisory committees to make recommendations and reports as deemed necessary or appropriate.
- H. Adopt a budget.

SECTION 2. This Ordinance shall become effective on the thirty-first day following its adoption.

PASSED AND ADOPTED this 26 day of October, 1999, by the following vote:

AYES: Supervisors Salinas, Pennycook, Calcagno, Johnsen, Potter

NOES: None

ABSENT: None

/s/ Judy Pennycook

Chair, Monterey County Board of Supervisors

ATTEST:

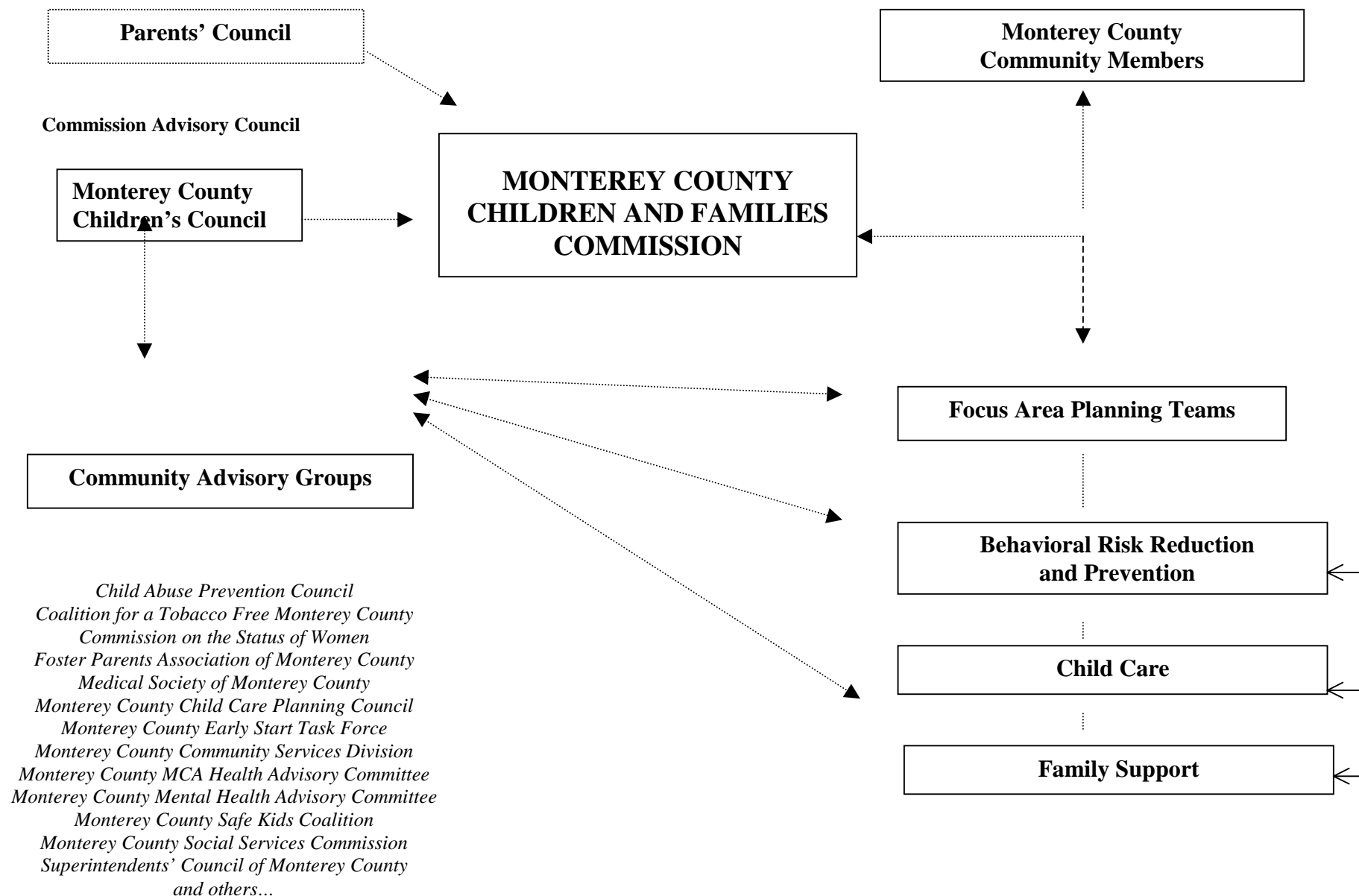
SALLY R. REED

Clerk of the Board

By /s/Carrie Wilkinson

Deputy

COMMUNITY OUTREACH AND PLANNING PROCESS



Maternal and Child Health Care



School Readiness



E.C. Information/Research



SURVEY AND FOCUS GROUP DATA

	<u>Page</u>
Contents Overview	83
Kindergarten Teacher Survey	84
Kindergarten Teacher Survey Results	87
Regional Meeting Focus Group Results	93
Civic Engagement Project Telephone Survey	99

**Monterey County Children and Families Commission
School Readiness Planning Team**

Kindergarten Teacher Survey

Instructions:

Please answer the following questions for your current kindergarten students as you perceived them during the first month of school. We are interested in your general impressions of the kindergarten children in your classroom this school year. Thank you.

Please return this survey to your school secretary within 48 hours.

A. SKILLS: What percentage of children (excluding children with special needs on IEPs) entered kindergarten prepared or not prepared in each of the following categories:
(Remember, for each category, the total should add up to 100 %)

	Not Prepared	Minimally Prepared	Adequately Prepared	Total
1. Pre-Academic Skills knows colors, shapes, shows emerging numeracy, completes multi-task sequences, shows emerging literacy:	_____ %	_____ %	_____ %	= 100 %
2. Primary Language age appropriate skill in speaking and understanding English or primary home language:	_____ %	_____ %	_____ %	= 100 %
3. Communication uses language to solve problems or to meet wants and needs:	_____ %	_____ %	_____ %	= 100 %
4. Small Motor Skills uses scissors, draws, holds crayon, stays within lines, buttons clothes:	_____ %	_____ %	_____ %	= 100 %
5. Large Motor Skills walks, runs, climbs, balances:	_____ %	_____ %	_____ %	= 100 %
6. Social Skills cooperative, works/plays with others, appropriate self-control/impulse control, participates in groups, recognizes rights and feelings of others:	_____ %	_____ %	_____ %	= 100 %
7. Attention Span has age-appropriate attention span:	_____ %	_____ %	_____ %	= 100 %
8. Behavioral Skills takes turns, follows directions, responds to authority appropriately; not overly aggressive or withdrawn:	_____ %	_____ %	_____ %	= 100 %
9. Hygiene able to take care of toileting, washing hands, wiping nose (with prompting):	_____ %	_____ %	_____ %	= 100 %
10. Overall Preparedness upon Kindergarten Entry the overall preparedness level of your children was:	_____ %	_____ %	_____ %	= 100 %

B. How knowledgeable are you about your students pre-kindergarten learning experiences?

Circle one:

Minimally

Moderately

Very

C. INFLUENCES

For those children who were **not prepared** or **minimally prepared** when they entered your kindergarten class, rate the level of influence of each of the following, by circling the appropriate number:

	Minimal Influence	Moderate Influence	Significant Influence
lack of family skills to promote school readiness	1	2	3
difference between pre-k experiences and kindergarten	1	2	3
lack of significant adult involvement in the child's life	1	2	3
family instability	1	2	3
needed services have not been available to families	1	2	3
services have not been provided in a coordinated manner	1	2	3
lack of early identification of special needs	1	2	3
lack of preschool experiences	1	2	3
children entering kindergarten before their fifth birthday	1	2	3
health issues	1	2	3
other: _____	1	2	3

D. LANGUAGE PROFICIENCY

1. What percentage of your children entered kindergarten proficient in English? _____ %
2. What percentage of your children were **not proficient in either** English or their primary language? _____ %

E. SPECIAL EDUCATION

1. Did you have any entering students on IEPs this year? (*check one*) Yes ____ No ____ If yes, how many? _____
 - 1a. If yes, to what degree were those students adequately supported by special education services:

Not Supported	Minimally Supported	Adequately Supported	total
_____ %	_____ %	_____ %	= 100 %

F. HEALTH

1. What percentage of children in your current class had health problems when they entered kindergarten, which have interfered with their success in school? _____ %
2. What percentage of children entered your class with noticeable untreated tooth decay? _____ %
3. What health issues have you dealt with in your class this year which have prevented children from being successful in school? (*please list*)

G. ETHNICITY Please indicate the number of children who entered your current class per ethnic group:

African-American: _____	Asian: _____	Hispanic/Latino: _____	Pacific Islander: _____
Caucasian/White: _____	Filipino: _____	Native American: _____	Other /mixed: _____ \

H. Number of kindergarten students in your class: _____

I. How many years have you taught at this site?

Thank you very much for your time and effort

Monterey County Children and Families Commission
“Where Young Children Come First!”

1000 South Main, Suite 209A
Website: www.mcprop10.org

Salinas, CA 93901

Phone: 831-796-1577

Fax: 831-755-8477

**Monterey County Kindergarten Teacher
School Readiness Survey**

Summary of Results

March 13, 2000

Data Services provided by

Applied Survey Research
Watsonville, California

Highlights of Findings

This School Readiness Survey represents the thoughts and opinions of over 90% of the kindergarten teachers in Monterey County. In all, 308 completed questionnaires were received from teachers representing 81 public and private schools throughout the county. These respondents were from all four regions of the County, and provided information concerning 5,740 kindergarten students, distributed as follows:

	Schools		Teachers		Students	
	<i>All</i>	<i>Private</i>	<i>All</i>	<i>Private</i>	<i>All</i>	<i>Private</i>
South County	13	0	47	0	999	0
Salinas Area	36	7	149	11	2,676	175
Monterey Peninsula	30	7	90	8	1,534	160
North County	6	0	28	0	531	0
Total	81	14	308	19	5,740	335

Summary of Teacher Responses

This data indicates central tendencies of included respondents, such as average percentages and most frequent responses. For some questions (B, C, and E-1), data indicates the percentage distribution of responses. There were 308 respondents, although the number of valid responses varied from item to item.

A. SKILLS: What percentage of children (excluding children with special needs on IEPs) entered kindergarten prepared or not prepared in each of the following categories: *(average percentage)*

	<u>Not Prepared</u>	<u>Minimally Prepared</u>	<u>Adequately Prepared</u>
5. Large Motor Skills: walks, runs, climbs, balances:	12.0%	19.8%	67.7%
9. Hygiene: able to take care of toileting, washing hands, wiping nose (with prompting):	14.0%	20.6%	65.4%
2. Primary Language: age appropriate skill in speaking and understanding English or primary home language:	19.6%	21.6%	60.0%
3. Communication: uses language to solve problems or to meet wants and needs:	21.4%	25.3%	52.7%
6. Social Skills: cooperative, works/plays with others, appropriate self-control/impulse control, participates in groups, recognizes rights and feelings of others:	23.9%	26.6%	49.0%
8. Behavioral Skills: takes turns, follows directions, responds to authority appropriately; not overly aggressive or withdrawn:	24.3%	27.2%	48.4%
7. Attention Span: has age-appropriate attention span:	25.9%	26.0%	47.9%
10. Overall Preparedness upon Kindergarten Entry: the overall preparedness level of your children :	28.0%	26.7%	44.9%
4. Small Motor Skills: uses scissors, draws, holds crayon, stays within lines, buttons clothes:	32.1%	26.8%	41.0%
1. Pre-Academic Skills: knows colors, shapes, shows emerging numeracy, completes multi-task sequences, shows emerging literacy:	38.7%	26.0%	34.4%

	<u>Minimally</u>	<u>Moderately</u>	<u>Very</u>
B. How knowledgeable are you about your students pre-Kindergarten learning experiences?	18.1%	51.0%	30.9%

C. INFLUENCES

For those children who were **not prepared** or **minimally prepared** when they entered your kindergarten class, rate the **level of influence** of each of the following: (*percentage each*)

	<u>Minimal Influence</u>	<u>Moderate Influence</u>	<u>Significant Influence</u>
Lack of family skills to promote school readiness	10.6%	20.9%	68.5%
Children entering kindergarten before their fifth birthday	13.5%	24.1%	62.4%
Lack of preschool experiences	15.5%	22.4%	62.2%
Other: <u> (most common was language skills) </u>	13.5%	24.3%	62.2%
Lack of significant adult involvement in the child's life	17.2%	30.6%	52.2%
Family instability	18.9%	37.8%	43.2%
Difference between pre-k experiences and kindergarten	23.0%	36.5%	40.5%
Lack of early identification of special needs	34.6%	32.9%	32.6%
Needed services have not been available to families	41.9%	37.2%	20.9%
Services have not been provided in a coordinated manner	48.8%	30.9%	20.4%
Health issues	57.0%	29.6%	13.4%

D. LANGUAGE PROFICIENCY (*averages*)

1. What percentage of your children entered kindergarten proficient in English? **54.8 %**
2. What percentage were **not proficient in either** English or their primary language? **18.4 %**

E. SPECIAL EDUCATION

1. Did you have any entering students on IEPs this year? (*percent each*)
Yes: 32.2% No: 67.8%
2. If yes, how many? **1.5** (*average; 93 total*)
3. If yes, to what degree were those students adequately supported by special education services: (*average percentages*)

<u>Not Supported</u>	<u>Minimally Supported</u>	<u>Adequately Supported</u>
4.9%	16.8%	76.9%

F.HEALTH

1. What percentage of children in your current class had health problems when they entered kindergarten, which have interfered with their success in school? (*average*) **6.8 %**
2. What percentage entered your class with noticeable untreated tooth decay? (*average*) **16.8 %**
3. What health issues have you dealt with in your class this year which have prevented children from being successful in school? (*top three issues*)

Common cold/flu

Asthma

Nutrition

G.ETHNICITY Please indicate the number of children who entered your current class in each ethnic group: (***total of each ethnic group as a percentage of total children reported, 5669***)

African-American: **3.8%** Asian: **2.7%** Hispanic/Latino: **59.8%** Pacific Islander: **0.5%**
Caucasian/White: **27.2%** Filipino: **2.8%** Native American: **0.5%** Other/mixed: **2.7%**

H. Number of kindergarten students in your class: 18.8

School 308 respondents from 81 schools

District (see breakdown below)

93.8% or Private **6.2%**

I. How many years have you taught at this site? 7.2

Regional Comparison Tables

A. Average percent indicating “adequately prepared” in seven skill areas, by region:

	South County	Salinas Area	Monterey Peninsula	North County
A1. Pre-Academic Skill	25.3	33.2	45.0	21.3
A2. Primary Language	45.5	58.3	74.9	45.5
A3. Communication	41.0	54.4	61.1	36.5
A6. Social Skills	42.6	48.5	57.6	34.2
A7. Attention Span	39.4	48.5	55.6	33.8
A8. Behavioral Skills	39.2	47.5	58.0	37.0
A10. Overall Preparedness	31.6	45.5	55.1	31.7
Number of respondents	47	143	90	28

B. How knowledgeable are you about your students' pre-kindergarten learning experiences?

	South County	Salinas Area	Monterey Peninsula	North County
Minimally	19.5	20.4	10.3	28.6
Moderately	43.9	53.1	50.0	57.1
Very	36.6	26.5	39.7	14.3
<i>Number of respondents</i>	41	113	68	21

C. For those *children* found to be not prepared or minimally prepared when they entered kindergarten, the following were considered to be significant influences *[the percentage of teachers is shown in the first column for each region, with the total number of teachers responding in the second column for each region]:*

	South County		Salinas Area		Monterey Peninsula		North County	
C1. Lack of family skills to promote school readiness	80.9	47	64.7	139	62.5	88	85.7	28
C2. Difference between pre-K experiences & kindergarten	55.2	46	46.4	138	25.9	85	37.0	27
C3. Lack of significant adult involvement in child's life	63.8	47	52.2	136	40.7	86	67.9	28
C4. Family instability	45.7	46	47.1	138	29.8	84	60.7	28
C5. Needed services not available to families	37.0	46	16.2	136	11.6	86	46.4	28
C6. Services not provided in a coordinated manner	22.7	44	18.2	132	11.1	81	53.6	28
C7. Lack of early identification of special needs	34.8	46	34.3	137	19.5	87	60.7	28
C8. Lack of preschool experiences	78.7	47	59.6	141	53.4	88	75.0	28
C9. Children entering before fifth birthday	76.1	46	57.4	141	65.9	88	53.6	28
C10. Health issues	13.3	45	11.9	134	11.9	84	25.0	28

F2. What percentage of children entered your class with noticeable untreated tooth decay?

	South County		Salinas Area		Monterey Peninsula		North County	
	23.2	40	39.2	131	12.6	83	25.0	26

REGIONAL FOCUS GROUP MEETING RESULTS

INTRODUCTION

The first of five regional focus group meeting was held on a cold, stormy February evening in the community of Castroville, North Monterey County. At 5:00 p.m. the consultants responsible for conducting the meeting arrived to set up the church meeting hall where the focus groups were to be conducted. As they set out chairs, signs, focus group questions on large sheets, and soft drinks and burritos for the focus group respondents, they nervously wondered whether all the invitations sent to local churches, schools and community groups would bring in parents on such a night.

At 6p.m., the starting time for the meeting, only the trained bilingual focus group facilitators and recorders had arrived. But shortly, parents started arriving, most with very young children in tow. They sat quietly and rather shyly, perhaps wondering what they would be asked to do. After being invited to take the burritos, chips and salsa, the small room began to take on the atmosphere of a party. Conversations and laughter filled the low-ceiling room and the children, who had been sitting respectfully with their parents, began to run and play with their friends. The children were offered childcare in the basement and enticed with crayons and treats, but none accepted the offer. The adult space looked too interesting and too much fun.

The meeting began with a welcome in Spanish and English and a brief description of the purpose and plans for the Prop 10 Commission. Shortly, three small groups were formed, two with Spanish speaking facilitators and one in English. The participants selected which focus group they would attend, and one of the groups was made up entirely of fathers. The facilitators explained that “We are interested in your opinions and views. There are no right or wrong answers. All of you are experts in the needs of kids- you have raised children, cared for children, and been children.”

The discussions started slowly but rapidly picked up speed as the parents warmed to the subject. The pitch of voices and noise level in the small room rose as the adults talked about their children, while the subjects of the discussion played tag with friends or sat in their parents’ laps. It all seemed so appropriate: a family atmosphere, warm and loving towards children, looking for ways to help the kids develop to fulfill their full potential. After the meeting, one of the participants remarked, “Too bad we didn’t have music, this could have become a great party.”

This description of a typical regional meeting provides a context for understanding the results of the focus groups, which follow below.

BACKGROUND

Five regional meetings were held during February, 2000. In each regional meeting, the purposes Monterey County Children and Families Commission were presented, following which the participants were formed into smaller focus groups. The purposes of the focus groups were to:

- Provide parents and community members with information on the purpose and planning process for the MCCFC.
- Obtain parental and community views on children’s needs and community resources.

A total of 236 respondents participated in the focus groups. One hundred and forty-six, or 62 percent, of the respondents participated in Spanish-speaking groups.¹ Participation in the five regional meeting was as follows:

<u>Region of County</u>	<u>No. of Participants</u>
North County	28
North Monterey Peninsula	82
South County	50
Salinas	65
South Monterey Peninsula	<u>11</u>
Total	236

Each of the focus groups was led by a trained focus group facilitator and a trained recorder. The recorders transcribed the responses in the language in which the focus group was held and were trained to capture the responses in the exact words of the respondent. Dr. Gary Bergthold, the Commission's evaluation consultant, translated the responses to English to ensure consistency.

Each of the focus group facilitators was asked to report the general feeling and mood of the group and to evaluate the level of participation of the group. Some of the responses were:

- *Very motivated group. All gave input and know a lot about their community resources.*
- *Very good, good group. Participated and everyone was interested in each others answers. The food was very good.*
- *At first they felt it was useless to give their opinions, and then they began to all participate to the point of being the last to leave.*
- *The group was very enthusiastic and interested in participating with their comments and suggestions.*
- *The group was very engaged. I didn't see any differences in the level of participation.*
- *It was very heartwarming to see the interest in the community.*
- *I liked doing the facilitation and learned a lot about it. I hope to do some more facilitating in community meetings.*

There were also some suggestions for improvement:

- *I think the process you developed was great. I think the questions could have used some refining. They were wordy and extremely repetitive.*
- *The "voting" process was repetitive and most of the participants agreed on all the suggestions.*

RESULTS and CONCLUSIONS

¹ Some bilingual Latino participants joined English-speaking groups

Results will be reported for each of the five questions asked in the focus groups (see Appendix for specific responses to each question).

Question 1- What help, support, or resources do our little kids (age 0-5) and their families need to become healthy, get along with others, and be eager and ready to learn when they start school?

"Training for parents in parenting skills." was by far the largest single response (17 out of 21 groups) to this question. This response was equally prevalent among Spanish-speaking and English-speaking groups. Many of the Spanish-speaking groups added that parents need help teaching their children "discipline" and preventing problems such as drug use and violence. Many of these same respondents would also welcome support groups and counseling for parents and children who are experiencing negative behavior in their families

Thirty-six different responses were given to this question. Except for "parenting skills", more than half the groups identified no response. This may indicate that there is very little agreement about the support and resources needed by young children. A large number of responses, however, mentioned a group of "family supports" such as love, communication, and parents as good role models. Interestingly, most of these "family responses" were from Spanish-speaking groups. This is not to imply that English-speaking groups did not value family support; they may have interpreted the question as referring to resources and support from community and social service agencies. It may imply, however, that Spanish-speaking parents may prefer help and support that reinforces their parental role in the development of their children.

The second largest response to the question of resources needed to effectively raise little children was "affordable health care" (10 of 21 groups). Affordability was a theme through many other responses as well: affordable transportation, housing, childcare, and infant supplies.

The third largest response (7 of 21 groups) was "more pre-schools." Other child care responses were mentioned by 5 groups, including "training for child care workers," "better quality night and day care," and "money for pre-school equipment and educational materials."

Question 2- What help, support and resources are available in your community to help children become healthy, get along with others, and be eager and ready to learn when they start school?

A total of 41 different programs that support child development were identified, although most were mentioned by 5 or fewer of the groups. This seems indicate that there are many programs available to families of young children, but their coverage either is not widespread geographically or knowledge about the programs is not widely shared. The programs that were mentioned by the greatest number of groups were Head Start (12 groups), WIC nutritional program (12 groups), libraries (9 groups), family practice medical clinics (6 groups), and State pre-schools (6 groups).

Question 3- What help, support and resources for little children and their families should your community provide, but is not providing at present?

No response to this question was mentioned by more than half of the groups, indicating no clear consensus among the focus groups as to what communities should provide for the development of young children. A total of 43 different responses were recorded, of which 23 were mentioned in only one focus group.

Responses mentioned by 5 or more of the focus groups were "longer hours in day care centers" (8 groups), "access to affordable transportation" (7 groups), "affordable housing" (7

groups), “parenting classes and family counseling” (6 groups), and “more affordable infant and toddler care” (5 groups).

Several interesting groups of responses were recorded for this question. Recreation (more parks, swimming pools, family fun centers) were mentioned by several groups, indicating a desire, especially in South County, for more family-oriented recreational activities. Increased security (more police, more security guards in schools, more street lights) was mentioned by several of the South County focus groups.

Question 4- When parents or caregivers of little children in your community need help, how do they find out what help is available?

The responses to question 2 suggested that, although many services are available, they are not widely known throughout the county. This question explores the main sources of information parents use to learn about resources and programs. Word of mouth (finding information from friends and relatives) and getting information from teachers and schools (both mentioned by 10 of 21 focus groups) are major ways parents seem to obtain information about resources. Other major sources are the media (TV, radio, and newspapers) which were mentioned by 6 of the focus groups. Also mentioned by 6 groups was information provided by brochures. These results seem to indicate that publicity about programs should be placed in a broad variety of media and written brochures should be widely distributed through schools and programs utilized by families.

Question 4 had a second part that asked parents:

How could finding help be made easier? Twenty-one different suggestions were mentioned, many of which should be considered when planning a publicity campaign. The most frequent responses were to publish a resource guide for parents and distribute it in schools, doctor's offices and other places parents are likely to visit. Five groups said that more bilingual information is needed. Four groups suggested setting up a bilingual telephone "hot line" with an 800 number that parents and caregivers could access for information about children's resources.

Question 5- If your community had a bunch of money to spend on preparing little children to be more healthy, get along better with others, and be more eager and ready to learn in school, how should the money be spent?

This question, although similar to question 1, was designed to obtain priorities for what resources parents think should be provided for children. Focus group facilitators were instructed to emphasize that for this question the respondents should only recommend their highest priority items. Stated this way, parenting classes (mentioned by 9 groups) and more quality childcare centers (mentioned by 8 groups) were the highest priority. Parenting classes were mentioned by groups from throughout the county. Four of the 8 groups that mentioned childcare were in Salinas. Twenty-five other items were mentioned by 4 or fewer groups.

Summary Conclusions

The first objective of the regional meetings was largely met. At least 236 community members and parents attended the meetings. They were for the most part people who had not

attended previous MCCFC meetings, and the majority were Spanish-speaking parents. At least three times the number of attendees had received flyers and other publicity about the meeting and were therefore aware of the outreach effort. Judging from the enthusiastic responses of the participants, they enjoyed the meetings and found them valuable.

The results of the focus group discussions showed that there does not seem to be a great deal of agreement among parents about what help they need to raise young children. The one thing about which there is widespread agreement, both among language groups and region of the county, is that **help with parenting skills is a priority**. Although they were not asked directly what should be included in parenting skill classes, the discussions seemed to indicate that parents want to have better skills in teaching children positive values and discipline. They also indicated a need to learn how to identify learning and behavioral problems early in the child's life and how to locate programs and services that could be helpful.

Parents and community members identified 41 programs that provide support for families and young children. Again, knowledge about these programs does not appear to be universal, as most programs were identified by fewer than 5 of the 21 focus groups. This finding suggests a need to educate parents and the community about the availability of programs and services.

When asked what community resources for children and families are needed but are not presently available, the focus group members listed 43 different ideas. Again, most of these ideas were mentioned by 5 or less of the groups, suggesting no clear consensus about what new services they would prefer. Those responses that were mentioned by 5 or more groups included childcare that has more extended hours and takes children at a younger age, more affordable transportation and housing, and counseling and classes for parents on parenting skills.

When asked about how they learn about available services, most said they learned through word of mouth from friends and neighbors and from information provided by teachers and schools. They provided a number of suggestions about how communication with parents could be improved (publish bilingual information, distribute a resource guide) and suggested that a telephone hot line (800 number) would be helpful.

PROPOSITION 10
Civic Engagement Survey (CES)

Goals of the Survey:

- √ Assessing public awareness of and interest in Proposition 10 and early childhood development issues.
- √ Obtaining preliminary information on the public's priorities as they relate to early childhood development.
- √ Ascertaining content areas for potential public education around early childhood development issues.

Methodology:

- √ The plan was to conduct 3200 telephone interviews in November and December 1999 by a professional survey research firm (Communication Sciences Group/Survey Methods Group).
- √ Approximately 400 interviews were conducted in each of eight counties (Monterey, Santa Cruz, Santa Clara, San Mateo, San Francisco, Contra Costa, Yolo, and San Diego).

Results:

- √ Preliminary data tables based on 405 interviews conducted in Monterey County were distributed. CSG will be preparing detailed reports for each county (with analysis and interpretation) in February and March. **Bulleted items on the attached page highlight some of the preliminary findings from the Monterey data.** The following tables (table 1 and table 2) provide a frame of reference for the CES data.

Table 1: 42,464 Monterey County Children ages 0-5 (1998 data)

Latino	62%
White	29%
Asian	5%
African American	3%
Native American	<1%

Table 2: Monterey County Population: 391 .000 estimate. (Tellus report. page 18)

Latino	40%
Caucasian	46%
Asian / Pacific Islander	8%
African American	6%

Credit: The Civic Engagement Project is sponsored by the Miriam & Peter Haas Fund, the Walter & Elise Haas Fund, the James Irvine Foundation, the David & Lucile Packard Foundation, and the Peninsula Community Foundation. Additional funding for this research was provided by the California Endowment.

From the Civic Engagement Survey

Q 49. Most people think of themselves as belonging to a particular ethnic or racial group. What is your race- African American, Asian, Latino, White, American Indian, or something else?

African American	13	3.3%
Asian	6	1.5%
Latino	89	22.4%
Caucasian	235	59.0%
American Indian	9	2.3%
Mixed	8	2.0%
Other	38	9.5%
Refused	7	

Q 4. When it comes to *young children in your county being ready to enter school*, would you say that a lot more needs to be done, that a little more needs to be done, or that nothing more needs to be done at this time?

	<u>Monterey</u>
A LOT	45.5%
A LITTLE	36.4%
NOTHING	18.2%

Q 5. When it comes to *the availability of affordable, quality child care services* in your county, would you say that a lot more needs to be done, that a little more needs to be done, or that nothing more needs to be done at this time?

ALOT	62.8%
A LITTLE	29.2%
NOTHING	8.0%

Q 9. What would you say is the number one challenge for parents or caregivers of young children in *Monterey County*?

	<u>Monterey</u>
• Obtaining affordable child care that provides a stimulating environment	22.7%
• Balancing responsibilities of work and caring for Children	15.5%
• Having a safe place to live	7.6%
• Getting needed health care	6.1%

Q 10. Now, I am going to read you some issues that parents or caregivers of young children sometimes face. As I read each one, please tell me if you feel this is a major problem, a minor problem, or not a problem for parents in your county.

	<u>Major</u>
A. balancing the responsibilities of work & caring for children	65.0%
B. finding a safe place to live	49.5%
C. obtaining affordable, quality child care	66.1%
D. having access to health care for their children	48.2%
E. having enough information about how to be a good parent	40.4%
F. having access to good job and educational opportunities	47.4%
C. having access to dental care for their children	45.2%
H. having a network of supportive family and friends	31.1%

Q 11. From those things that you said are major problems, which do you think presents the greatest challenge to parents? Would that be...

• balancing the responsibilities of work and caring for children	32.4%
• job and educational opportunities	18.3%
• finding a safe place to live	15.4%
• obtaining affordable, quality child care	12.2%

Q 12. When do you think the greatest amount of brain development takes place for children? Would you say that happens..

• from birth to 3 years old	70.5%
• between the ages of 4 and 6	23.5%
• between the ages of 7 and 10 or	3.4%
• after the age of 10	2.6%

Q 18. What one thing do you think parents need most to help them ensure the positive well-being of their young children?

• Love	20.8%
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Q21. “Everyone in your county, even if they don’t have kids, is affected by whether children get a good start in life.”

• Strongly agree	74.3%
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Q22. “It pays to invest in programs for young children because it prevents more expensive problems later.”

• Strongly agree	67.3%
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Q 24. Have you seen, read, or heard anything about the Monterey County’s Children and Families Commission. This commission was created after the passage of Proposition 10 in last year’s election that increased tobacco taxes to help pay for more early childhood development programs.

• Yes	31.3%
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NEEDS STATEMENT INTEGRATION

Highest Priority Needs of Children 0-5 in Monterey County

The five Planning Teams created eighteen Needs Statements corresponding to the five focus areas. The following outlines the process used to combine and integrate those eighteen statements into the eleven statements of Need presented in section XII of the Plan.

SCHOOL READINESS (SR)	
SR#1: Many Monterey County children enter kindergarten without age-appropriate cognitive, pre-academic and language skills.	1. Many Monterey County children enter kindergarten without age-appropriate skills and levels of development. This includes especially the areas of (1) Cognitive, pre-academic and language skills;(2) Social, emotional and behavioral skills and development, including self-esteem, attention span and personal hygiene skills; (3) Small motor skills.
SR#2: Many Monterey County children enter kindergarten without age-appropriate social and behavioral skills.	1. Many Monterey County children enter kindergarten without age-appropriate skills and levels of development. This includes especially the areas of (1) Cognitive, pre-academic and language skills;(2) Social, emotional and behavioral skills and development, including self-esteem, attention span and personal hygiene skills; (3) Small motor skills.
SR#3: Many Monterey County children enter kindergarten without age-appropriate motor skills, especially small motor skills.	1. Many Monterey County children enter kindergarten without age-appropriate skills and levels of development. This includes especially the areas of (1) Cognitive, pre-academic and language skills;(2) Social, emotional and behavioral skills and development, including self-esteem, attention span and personal hygiene skills; (3) Small motor skills.
SR#4: Young children with physical or health-related disabilities (“special needs”) should have those needs identified and evaluated, and should receive needed early intervention services, as early as possible. In fact many Monterey County children’s special needs are not identified until well after they have begun school.	3.Many Monterey County children have physical and developmental disabilities that become more severe than necessary due to inadequate prevention, identification, or treatment.
BEHAVIORAL RISK (BR)	
BR#1: Children and pregnant women need to live in an environment free from the harmful effects of tobacco smoke, alcohol, and other drugs.	5. Many Monterey County children are harmed by living in environments in which the adults abuse alcohol, tobacco and other drugs (ATOD). This includes use by their mothers during pregnancy.
BR#2: Children need to be born into families who want them and can provide a nurturing, caring environment, which will promote intellectual stimulation, emotional support and resources to meet their basic needs, but in Monterey County many are not.	6. In order to develop healthy emotional relationships, children need to be born into, and cared for by, families that provide a nurturing environment, that fosters reciprocal connectedness. Many Monterey County children do not have families that provide this environment.
BR#3: Children need to live in a safe environment, free of the dangers of domestic violence, child abuse and neglect, community violence and unintended injury, but in Monterey County many do not.	8.Many Monterey County children suffer the consequences of domestic violence, child abuse and neglect, and community violence.

BR#4: Children need to live in an environment, which promotes bonding, attachment and reciprocal connectedness, but in Monterey County many do not.	6. In order to develop healthy emotional relationships, children need to be born into, and cared for by, families that provide a nurturing environment, that fosters reciprocal connectedness. Many Monterey County children do not have families that provide this environment.
CHILD CARE (CC)	
CC#1: Many Monterey County children do not have needed nurturing relationships with their caregivers, to develop optimal levels of trust, connectivity, emotional security and emotional stability.	9. Many Monterey County children are in caregiving settings that do not provide adequate nurturing and stable relationships. This has detrimental affects on children's social and emotional development.
CC#2: All children need to learn, primarily through play, in a safe, secure and developmentally appropriate environment created to meet each child's physical, social, cognitive and emotional needs. This often does not occur in Monterey County.	2. All children need a stimulating, safe, secure, developmentally appropriate, learning environment, in the home or other learning setting, created to meet each child's physical, social, cognitive and emotional needs. This often does not occur in Monterey County.
FAMILY SUPPORT (FS)	
FS#1: Many children 0 to 5 have parents who lack the skills to empower them to seek out and obtain the information, services and other resources they need to optimize their children's early development. In particular, many children have parents who lack early childhood information, especially on early brain development and they lack the skills to know how to best use this information.	7. Many Monterey County children have parents and caregivers who lack knowledge of early childhood development and parenting techniques and skills. They also lack knowledge about when, where, and how to seek supportive services their children may need.
FS#2A: Many Monterey County children suffer physically, emotionally and cognitively from a lack of services, with existing services scattered, redundant, not interrelated as well as lacking follow-up	11. Many Monterey County children who need care or supportive services do not receive them because needed services are not available or easily accessible.
FS#2B: Many Monterey County children have parents who lack knowledge about their rights and responsibilities to obtain services.	7. Many Monterey County children have parents and caregivers who lack knowledge of early childhood development and parenting techniques and skills. They also lack knowledge about when, where, and how to seek supportive services their children may need.
FS#3: Many children are growing up without a safe predictable environment, including family housing, jobs and transportation to support positive early childhood development.	10. The basic needs of many Monterey County children often go unmet. This is frequently because their families lack adequate housing, jobs and transportation.
PARENTAL & CHILD HEALTH (PCH)	
PCH#1: Too many Monterey County babies are born with, or put at risk for, chronic health conditions, both physical and developmental, as well as preventable morbidity.	4. Many Monterey County children experience preventable diseases, chronic health conditions and injuries.
PCH#2: There are too many preventable birth defects in Monterey County	3. Many Monterey County children have physical and developmental disabilities that become more severe than necessary due to inadequate prevention, identification or treatment.
PCH#3: Many Monterey County children have disabilities that become more severe than necessary.	3. Many Monterey County children have physical and developmental disabilities that become more severe than necessary due to inadequate prevention, identification or treatment.
PCH#4: Many Monterey County children have problems with their emotional development, which prevents them from being successful in school.	1. Many Monterey County children enter kindergarten without age-appropriate skills and levels of development. This includes especially the areas of (1) Cognitive, pre-academic and language skills;(2) Social, emotional and behavioral skills and development, including self-esteem, attention span and personal hygiene skills; (3) Small motor skills.

PROMISING PRACTICES SUMMARY

For a more complete survey of promising practices in early childhood development, see the web-site of the Promising Practices Network (www.PromisingPractices.net).

Family Support Programs

Cal-SAHF (California)

This is a family centered model that encourages participation and empowerment. It is intended to reduce multiple adverse outcomes that affect overburdened families through a comprehensive array of in-home and center based services. These include home visiting, parenting classes, child enrichment activities, transportation, and links to a range of community resources (Carrilio, 1998).

Head Start

This is one of the first, best researched, and longest running government programs for preschoolers and their families. Generally, participants are drawn from the lowest economic strata, and programs include family training as well as pre-academic instruction for the children. Through preschool programs, the agencies provide a range of services including medical, dental, and mental health, nutrition, and parent involvement. Through Early Head Start, programs and services have been extended to include pregnant women, infants and toddlers. Academic and behavioral gains have been consistently noted for these children over the years (Lee et al, 1990).

Healthy Families America

This initiative assumes that prevention efforts are best when planned and delivered with a strong foundation of support for all children. Particular prevention services (e.g. parent support groups, family counseling) can then be introduced, as they are required in this base of support. A key component is to offer intensive home visitation (Daro and Hardin, 1999).

Olds' Elmira Early Intervention/Home Visitation Program

This program features an intensive schedule of home visits to new mothers by specially trained public health nurses. RAND found that the program saved the government more than \$18,000 for each high-risk family, which is four times the cost of the program. Various positive outcomes include mothers' improved understanding of child development, parent-child interaction, awareness of their child, and academic proficiency (Olds and Korfmacher, 1998).

Parents as Teachers (PAT)

Parents as Teachers is a multi-pronged approach to improving parenting skills. It may utilize home visitation, center-based instruction, and peer or professional support groups. Research results are somewhat mixed, especially for non-white populations, but generally positive findings have been found in parental attitudes toward their roles as caregivers and nurturers, improvements in parent-child interactions, and age- appropriate language development (Pfannenstiel, 1995).

Parental and Child Health

"Adopt A School" (Dallas)

Three private hospitals and two community health centers have "barrier-free" immunization services. They provide walk-in immunization clinics. Hospital staff volunteer their time for quarterly visits to local elementary schools for evening clinic hours (NGA Issue Brief, 1995).

Communities for Child Safety (Chicago)

This program is administered by the National 4-H organization. The program brings people together in neighborhood groups to work on injury control. Two person teams are sent into neighborhoods to collect information on hazards, develop networks, educate local residents, and persuade governments and organizations to change practices (Carnegie Corporation, 1994).

HOPE for Kids

Local, trained volunteer groups work block-by-block and child-by-child. They also go to hospitals to educate new parents (NGA Issue Brief, 1995).

Olds' Elmira Early Intervention/Home Visitation Program

This program features an intensive schedule of home visits to new mothers by specially trained public health nurses. RAND found that the program saved the government more than \$18,000 for each high-risk family, which is four times the cost of the program. Various positive outcomes include mothers' improved understanding of child development, parent-child interaction, awareness of their child, and academic proficiency (Olds and Korfmacher, 1998).

Ronald McDonald "Get Your Shot Campaign"

The immunization schedule is printed on tray liners and carryout bags. Coupons for free food are provided with proof of immunization. Started in Frederick-Winchester, VA, the program will be going nationwide (NGA Issue Brief, 1995).

Touchpoints

Touchpoints is a model for preventive care that focuses on the relationship between providers and parents. Establishing, maintaining, and valuing this relationship is a basis of preventive care and helps strengthen families. The Neonatal Behavioral Assessment Scale, used in the Touchpoints program, assesses the nurturing needs of an infant, describing the baby's strengths, adaptive responses, and possible vulnerabilities. When shared with parents, this tool can be used to develop appropriate caregiving strategies aimed at enhancing the earliest relationships between babies and parents. Case reports show that this scale can be used to bolster at-risk mother-child relationships.

UK Home Health Visitors

Bradley (1999) describes the home health visitor program from the UK. All families with children under 5 years old receive routine visits, with the frequency varying by family. The health visitors are regular, general nurses with degrees specializing in home visiting. Their remit is to offer advice and support on issues of child care, health, and development. This is viewed as a service to the whole family, and is not focused on one type of care. Part of the

home health visitors' responsibilities includes developmental surveillance at prescribed ages, as well as to providing parenting advice. Bradley (1999) describes home health visitors as ideally placed to identify concerns about child care, poor parenting skills, and the risk of harm to children. This program is effective in part, because very few parents refuse to let the health visitors enter their home.

Wellness on Wheels – Mobile Immunization Program

This program is jointly sponsored by a hospital, Kiwanis, the County Health Unit, and the city government. Immunizations are provided aboard a mobile van that goes to low-income neighborhoods in Hillsborough County, FL (NGA Issue Brief, 1995).

Child Care

Child Care Networks (France)

Child care networks link 6 to 35 family day care homes. Each network is directed by specially trained pediatric nurse who coordinates services, hires providers, supervises training, and matches the provider with children. The coordinator also facilitates provider and parent access to other services (Carnegie Corporation, 1994).

The Educational Home Model Outreach Program (Montana)

This program provides training and technical assistance to centers and day care homes that care for children with special needs. It offers advice to other providers through toll-free phone line and a newsletter (Carnegie Corporation, 1994).

Family to Family

The Dayton Hudson Company, in collaboration with a resource and referral service, helps to train and accredit family care providers (Carnegie Corporation, 1994).

Behavioral Risk Reduction and Prevention

First Steps (Georgia)

This child abuse prevention program offers family support through home visits by trained volunteers. The program is offered to families with a negative risk screen. The basic components of the First Steps program include one-to-one visits during the prenatal or postpartum period, usually at the hospital. The volunteers distribute educational materials and provide verbal information. The volunteers also offer emotional support for the new families. The follow-ups continue for 3 months to 1 year, and families that are identified as needing extra support are referred to support services. First Steps also offers support and crisis counseling through a 24-hour help line (W.O.R., 1999).

States of Oregon and Alabama

Officials in these states have recognized that children at risk cannot safely be made to wait, and they have provided unrestricted funds to local CPS offices. Staff can use these funds to purchase services on an as-needed basis, much like handing a checkbook to each caseworker (Larner et al, 1998).

School Readiness and Literacy

Great Book Flood of 1996

This program affected 322 child care centers and over 17,600 children. The centers, which serve mostly poor children, received large quantities of high quality books at a ratio of 5 books per child. They also received book corner resources, and the teachers received special training. The local libraries sponsored programs in tandem with “The Flood.” The goal of this program was to increase children’s exposure to print and meaningful language, and this was achieved with a partnership between a private foundation, the city library system, county libraries, a university researcher, and the day care teachers (Burns et al, 1998)

Head Start

One of the first, best researched, and longest running government programs for preschoolers and their families. Generally, participants are drawn from the lowest economic strata, and programs include family training as well as pre-academic instruction for the children. Through preschool programs, the agencies provide a range of services including medical, dental, mental health, nutrition, and parent involvement. Through Early Head Start, programs and services have been extended to include pregnant women, infants, and toddlers. Academic and behavioral gains have been consistently noted for these children over the years. (Lee et al, 1990).

Parent Advocates for Literacy (PALs)

This program is offered in two mostly Hispanic Title I schools. The parents are trained in effective early literacy practices and spend two to three hours in the schools each day working with PALs and pre-school classes. PALs reaches approximately 50 children in each school, who spend 45 minutes each day in print-rich classrooms with PALs teachers. The impact has been quite positive. The children have greatly increased their literacy skills, and the parents have also been enriched.

Parents As Partners (Texas)

This program aims to teach parents of prekindergarten, kindergarten, and first grade students to facilitate literacy development. The school district sponsors this program, and there are weekly classes taught by elementary school teachers. Through the program, parents begin to see themselves as their children’s first teachers (USDE IAS, 1999).

Pediatrician’s Office Literacy Program

An innovative option exists for pediatricians to promote language and literacy development. Volunteers in doctor’s waiting rooms demonstrate book-sharing and book reading techniques for parents. The doctor’s prescribe for the parents to read to the children, and books are given to low-income families (Burns et al, 1998).

Read Aloud Parent Clubs (Pennsylvania)

An effort has been undertaken to get children and parents passionate about reading together. Free, high quality books are distributed to low-income families. Read Aloud Parent Clubs meet at libraries, schools, and housing projects to give parents helpful techniques and more confidence in reading to their children. These Parent Club meetings include library tours, free books, and discussions over six to fourteen sessions (Burns et al, 1998).

Smart Matters (South Carolina)

This is a family-based school readiness initiative that is sponsored by the Junior League in partnership with the school district. Once a month during the school year, the elementary schools are open in the evening for preschoolers and their parents. The schools offer a hot supper, a program for the children, and a parent-education presentation for parents.

STRATEGIES AND RELATED OUTCOMES

Because providers tend to view their activities from the perspective of the service to be provided, rather than the Outcome to be achieved, the information provided in Section VII under the heading of “Outcomes and Possible Strategies and Activities” has been re-organized from that perspective in this appendix. Local agencies may want to design programs utilizing one or more of the following broad Strategies, and are encouraged to join with other agencies in combining strategies to achieve the Plan’s desired Outcomes.

Eight **Broad Strategies or Activities** were derived from the many specific ones listed under the various Outcomes in section VII, and are listed below in *no priority order*:

1. Establish, expand and/or improve Parenting Skills and Education programs for anyone who is raising children.
2. Establish, expand and/or improve early childhood educational programs in preschool, child care, or other settings.
3. Establish, expand and/or improve professional training programs for providers of early childhood education, child care or other services to young children and their families (including health care providers, clergy, etc.)
4. Expand the availability and accessibility of services needed by young children.
5. Expand or improve employment, transportation or housing opportunities for families with young children, so that children’s basic needs will be met.
6. Increase the capacity of treatment and training programs to reduce the use of alcohol, tobacco and other drugs by pregnant women and adult members of families with young children.
7. Establish or expand home visitation programs for families with infants or young children.
8. Establish a multi-media Community Awareness Program concerning early childhood development, effective parenting, and services available to young children and their families.

In the section that follows, possible specific strategies or activities from section VII are listed for each broad Strategy. These ideas were generated from the Planning Teams as possible ways to achieve all or part of the desired Outcomes. These lists are not all-inclusive, and other effective strategies and activities might be developed.

Also in the section that follows, the relevant desired Outcome or Outcomes from section VII are provided for each broad Strategy. The Outcomes are summarized in the “Strategies” section to follow, and are listed in their complete form here in the order they were presented in section VII. As a reminder, these Outcomes *identify desirable changes in the conditions, skills, knowledge, and/or behaviors of children*:

1. Increase in the number of Monterey County children entering kindergarten with age-appropriate skills and levels of development. This includes especially the areas of 1) cognitive, pre-academic and language skills; 2) social, emotional and behavioral skills and development, including self-esteem, attention span and personal hygiene skills; and 3) small motor skills.
2. Increase in the number of children who have stimulating, safe, secure, developmentally appropriate learning environments, in the home or other learning settings, created to meet each child’s physical, social, cognitive and emotional needs.

3. Increase in the number of Monterey County children who receive adequate prevention, identification or treatment of congenital disabilities so that they can realize their full potential.
4. Decrease in the number of Monterey County children who experience preventable childhood diseases, chronic health conditions and injuries.
5. Decrease in the number of Monterey County children who are harmed by living in environments in which the adults abuse alcohol, tobacco and other drugs, including usage during their mothers' pregnancies.
6. Increase in the number of children developing healthy emotional relationships resulting from a nurturing family environment that fosters reciprocal connectedness between family members.
7. Increase in the number of Monterey County children who receive effective parenting and adequate services as a result of their parents and caregivers having increased knowledge of parenting skills and available resources.
8. Reduction in the number of Monterey County children who suffer the consequences of domestic violence, child abuse and neglect, and community violence.
9. Increase in the number of Monterey County children in caregiving settings who have positive social and emotional development because of nurturing and stable relationships with caregivers.
10. Increase in the number of Monterey County children whose basic needs are met as a result of their parents having improved employment, transportation, and housing.
11. Increase in the number of Monterey County children who receive needed care and services because those services are more available or easily accessible.

Broad Strategies/Activities and Outcomes

1. ESTABLISH, EXPAND AND/OR IMPROVE PARENTING SKILLS AND EDUCATION PROGRAMS FOR ANYONE WHO IS RAISING CHILDREN.

Possible Specific Strategies or Activities

- Could be provided through center-based, mobile, home visitor, mentoring, peer support group or other methods
- Pre-parenting training and counseling
- Projects to increase parental involvement with their children's child care or preschool programs and providers
- Could provide education or training in parenting subjects such as:
 - cognitive, pre-academic and language skill development
 - social, emotional and behavioral skill development
 - positive methods of discipline
 - small motor skill development
 - physical and dental hygiene
 - nutrition and food preparation

- breast-feeding
- immunization needs of young children
- use of car seats
- home safety
- avoidance of common toxic substances and unsafe parenting practices
- importance of not abusing alcohol, tobacco and other drugs, and of seeking treatment if already abusing
- gun safety
- avoidance of child abuse or neglect
- early identification and treatment of children with physical or developmental disabilities
- availability of supportive services for young children
- children's and parental rights to basic services

Anticipated Outcomes

- | | |
|-------------|---|
| Outcome #1: | Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten. |
| Outcome #2: | More children in stimulating, safe, secure, developmentally appropriate learning environments. |
| Outcome #3: | More children receiving prevention, identification or treatment of congenital disabilities. |
| Outcome #4: | Fewer children with preventable childhood diseases, health conditions and injuries |
| Outcome #5: | Fewer children harmed by adult use of alcohol, tobacco and other drugs |
| Outcome #6: | More children with healthy emotional relationships in nurturing families |
| Outcome #7: | More children receiving effective parenting and adequate services because of parents' increased knowledge |
| Outcome #8: | Fewer children suffering from domestic violence, child abuse or community violence |

2. ESTABLISH, EXPAND AND/OR IMPROVE EARLY CHILDHOOD EDUCATIONAL PROGRAMS IN PRESCHOOL, CHILD CARE, OR OTHER SETTINGS.

Possible Specific Strategies or Activities

- Increase the number of affordable, high quality preschools and early child care centers
- Emphasize underserved populations: geographic regions, special needs, infant care
- Establish or expand early learning and literacy programs
- Improve safety of early childhood education program settings
- Provide resource support for programs serving young children with special needs
- Establish or expand programs to coordinate and improve children's transition from pre-kindergarten settings to kindergarten

- Establish or expand respite child care (from drop-in to foster care) for families under stress
- Reduce turnover of child care providers
- Recruit additional bi-lingual and bi-cultural providers
- Lower child/staff ratios and group size

Anticipated Outcomes

- Outcome #1: Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten.
- Outcome #2: More children in stimulating, safe, secure, developmentally appropriate learning environments.
- Outcome #3: More children receiving prevention, identification or treatment of congenital disabilities.
- Outcome #4: Fewer children with preventable childhood diseases, health conditions and injuries
- Outcome #9: Of those in caregiving settings, more children with improved emotional development and healthy relationships with caregivers

3. ESTABLISH, EXPAND AND/OR IMPROVE PROFESSIONAL TRAINING PROGRAMS FOR PROVIDERS OF EARLY CHILDHOOD EDUCATION, CHILD CARE OR OTHER SERVICES TO YOUNG CHILDREN AND THEIR FAMILIES (INCLUDING HEALTH CARE PROVIDERS, CLERGY, ETC.).

Possible Specific Strategies or Activities

- Focus on curriculum, resource materials and a stimulating learning environment
- Improve professional quality of caregiving staff
- Provide staff training in areas such as:
 - Violence prevention
 - Nurturing of children
 - Early identification of, and services for, children with potential disabilities
 - Identification of, and intervention in, families experiencing domestic violence and child abuse or neglect
 - Parental involvement with caregivers in early childhood programs
- Create a database/clearinghouse of information for child care providers

Anticipated Outcomes

- Outcome #1: Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten.

Outcome #2:	More children in stimulating, safe, secure, developmentally appropriate learning environments.
Outcome #3:	More children receiving prevention, identification or treatment of congenital disabilities.
Outcome #4:	Fewer children with preventable childhood diseases, health conditions and injuries
Outcome #8:	Fewer children suffering from domestic violence, child abuse or community violence
Outcome #9:	Of those in caregiving settings, more children with improved emotional development and healthy relationships with caregivers

4. EXPAND THE AVAILABILITY AND ACCESSIBILITY OF SERVICES NEEDED BY YOUNG CHILDREN.

Possible Specific Strategies or Activities

- Expand services to underserved communities: region, age groups, special needs, etc.
- Provide expanded services in areas such as:
 - family counseling and treatment for families experiencing domestic violence and child abuse or neglect
 - food and nutrition assistance
 - public housing services
 - employment services
 - transportation, including to other supportive services
 - services for homeless families with children
 - support and training for victims of domestic violence
 - mental health services for children
 - tobacco education programs aimed at children
 - community education and recreation programs that expand children's early learning experiences
- Increase accessibility to health screening, prevention and treatment programs for young children, and prenatal programs
- Establish or expand a mobile special education early identification resource team
- Create a resource center for early educational materials and information that can be distributed for free or loaned out
- Organize and coordinate neighborhood-based support services
- Employ additional school personnel to perform special education assessments and provide special education services to children ages 3 to 5
- Promote family-friendly work policies
- Improve referral services
- Improve outreach and service delivery of existing programs
- Recruit additional bi-lingual and bi-cultural providers and support staff

- Create integrated record-keeping/registry of services provided.

Anticipated Outcomes

- | | |
|--------------|---|
| Outcome #1: | Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten. |
| Outcome #3: | More children receiving prevention, identification or treatment of congenital disabilities. |
| Outcome #4: | Fewer children with preventable childhood diseases, health conditions and injuries |
| Outcome #8: | Fewer children suffering from domestic violence, child abuse or community violence |
| Outcome #11: | More children receiving essential care and services due to improved availability or accessibility |

5. EXPAND OR IMPROVE EMPLOYMENT, TRANSPORTATION OR HOUSING OPPORTUNITIES FOR FAMILIES WITH YOUNG CHILDREN, SO THAT CHILDREN'S BASIC NEEDS WILL BE MET.

Possible Specific Strategies or Activities

- Expand or improve opportunities in housing, employment and transportation for families with young children
- Increase accessibility, outreach or capacity of family support programs such as WIC, Food Banks, Healthy Families, Section 8 housing vouchers, etc.
- Educate families about their rights to basic services
- Expand services for homeless families with children

Anticipated Outcomes

- | | |
|--------------|---|
| Outcome #2: | More children in stimulating, safe, secure, developmentally appropriate learning environments. |
| Outcome #4: | Fewer children with preventable childhood diseases, health conditions and injuries |
| Outcome #8: | Fewer children suffering from domestic violence, child abuse or community violence |
| Outcome #10: | More children with basic needs met due to improved family employment, transportation or housing. |
| Outcome #11: | More children receiving essential care and services due to improved availability or accessibility |

6. INCREASE THE CAPACITY OF TREATMENT AND TRAINING PROGRAMS TO REDUCE THE USE OF ALCOHOL, TOBACCO AND OTHER DRUGS BY PREGNANT WOMEN AND ADULT MEMBERS OF FAMILIES WITH YOUNG CHILDREN.

Possible Specific Strategies or Activities

- Establish or expand public or private treatment program
- Establish or expand community support networks
- Provide training to law enforcement professionals regarding impacting substance abusing families

Anticipated Outcomes

- | | |
|-------------|---|
| Outcome #3: | More children receiving prevention, identification or treatment of congenital disabilities. |
| Outcome #4: | Fewer children with preventable childhood diseases, health conditions and injuries |
| Outcome #5: | Fewer children harmed by adult use of alcohol, tobacco and other drugs |
| Outcome #6: | More children with healthy emotional relationships in nurturing families |
| Outcome #8: | Fewer children suffering from domestic violence, child abuse or community violence |

7. ESTABLISH OR EXPAND HOME VISITATION PROGRAMS FOR FAMILIES WITH INFANTS OR YOUNG CHILDREN.

Possible Specific Strategies or Activities

- Provide comprehensive information and training about early childhood development, including any or all of the topics listed under Parenting Skills Education (I, above)
- Provide emotional and resource support to parents
- Provide direct services to children, in areas such as health, early childhood education, evaluation of potential disabilities, small motor skill development, etc.

Anticipated Outcomes

- | | |
|-------------|---|
| Outcome #1: | Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten. |
| Outcome #2: | More children in stimulating, safe, secure, developmentally appropriate learning environments. |
| Outcome #3: | More children receiving prevention, identification or treatment of congenital disabilities. |
| Outcome #4: | Fewer children with preventable childhood diseases, health conditions and injuries |

Outcome #5:	Fewer children harmed by adult use of alcohol, tobacco and other drugs
Outcome #6:	More children with healthy emotional relationships in nurturing families
Outcome #7:	More children receiving effective parenting and adequate services because of parents' increased knowledge
Outcome #8:	Fewer children suffering from domestic violence, child abuse or community violence
Outcome #11:	More children receiving essential care and services due to improved availability or accessibility

8. ESTABLISH A MULTI-MEDIA COMMUNITY AWARENESS PROGRAM CONCERNING EARLY CHILDHOOD DEVELOPMENT, EFFECTIVE PARENTING, AND SERVICES AVAILABLE TO YOUNG CHILDREN AND THEIR FAMILIES.

Possible Specific Strategies or Activities

- Use media such as television, radio, print media, website, speakers bureau, in English, Spanish and other languages as appropriate
- Include focus areas such as:
 - Stimulating learning in young children
 - Seeking early evaluation for potential disabilities
 - Nurturing children
 - Self-help
 - Violence prevention
 - Hygiene
 - Nutrition and Breast feeding
 - Intake of folic acid by women
 - Improving safe conditions, including use of car seats and gun safety
 - Reduction of unintended pregnancy
 - Harmful effects of smoking and using drugs
 - Reduction of exposure of children to pesticides
 - Family-friendly work policies
 - Positive male role models for children

Anticipated Outcomes

Outcome #1:	Higher age-appropriate cognitive, social, self-help, and motor skills and development at entry to kindergarten.
Outcome #3:	More children receiving prevention, identification or treatment of congenital disabilities.
Outcome #4:	Fewer children with preventable childhood diseases, health conditions and injuries
Outcome #5:	Fewer children harmed by adult use of alcohol, tobacco and other drugs

Outcome #6: More children with healthy emotional relationships in nurturing families

Outcome #7: More children receiving effective parenting and adequate services because of parents' increased knowledge

Outcome #8: Fewer children suffering from domestic violence, child abuse or community violence

OUTCOMES

BROAD STRATEGIES/ACTIVITIES	# 1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11
1. Increase/Expand Parenting Skills and Education Programs	X	X	X	X	X	X	X	X			
2. Increase Early Childhood Educational Programs in Preschool, Childcare, Other Settings.	X	X	X	X					X		
3. Expand Professional Training Programs for Providers and Caregivers	X	X	X	X				X	X		
4. Expand Availability and Accessibility of Children's Services	X		X	X				X			X
5. Improve Families' Employment, Transportation, and/or Housing Opportunities		X		X				X		X	X
6. Increase Capacity of Treatment Programs to Reduce ATOD in Families w/Young Children			X	X	X	X		X			
7. Increase/Expand Home Visitation Programs	X	X	X	X	X	X	X	X			X
8. Establish a Multi-media Community Awareness Program on Early Childhood Development	X		X	X	X	X	X	X			

